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ABSTRACT

This handbook contains suggested teaching activities, student worksheets, background information, and a list of basic resources for teachers of health education. Topics covered are mortality rate, health promotion, sexually transmitted diseases, Acquired Immune Deficiency Syndrome (AIDS), and major dimensions of health. Included in the handbook is a teaching unit on AIDS which provides teacher and student background notes and guidelines for class discussions. (JD)

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ED301569

Health Education Community Health

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MANITOBA HEALTH

HEALTH AND WELFARE, CANADA

SP 030 749

Teaching Supports

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Grade 9

Manitoba Education
Curriculum Development and Implementation

HOW TO USE THE TEACHING SUPPORTS

This handbook contains suggested teaching activities, student worksheets, background information and a list of basic resources for teachers of Health Education. The materials complement the Health Education curriculum and are keyed to it by grade, unit and student objective number. The set of Teaching Supports is designed for the unit on Community Health.

Not only do the Teaching Supports help children to understand the concepts being taught in this program, but they also serve to inform parents of what their children are learning.

Consider this set of materials as a beginning file or collection of resource ideas that can be modified to reflect both the needs and interests of students and the communities in which they live and learn. The material can be duplicated for classroom use.

The Teaching Supports are correlated to the student objectives in the Health Education curriculum guide. The code in the upper right hand corner of the Teaching support gives the grade and the number of the student objective to which the material is keyed. For instance, the code "1.1.2" indicates that this Teaching Support is geared to the grade one curriculum and to objective 1.2.

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Teacher Background Notes: Well-Being

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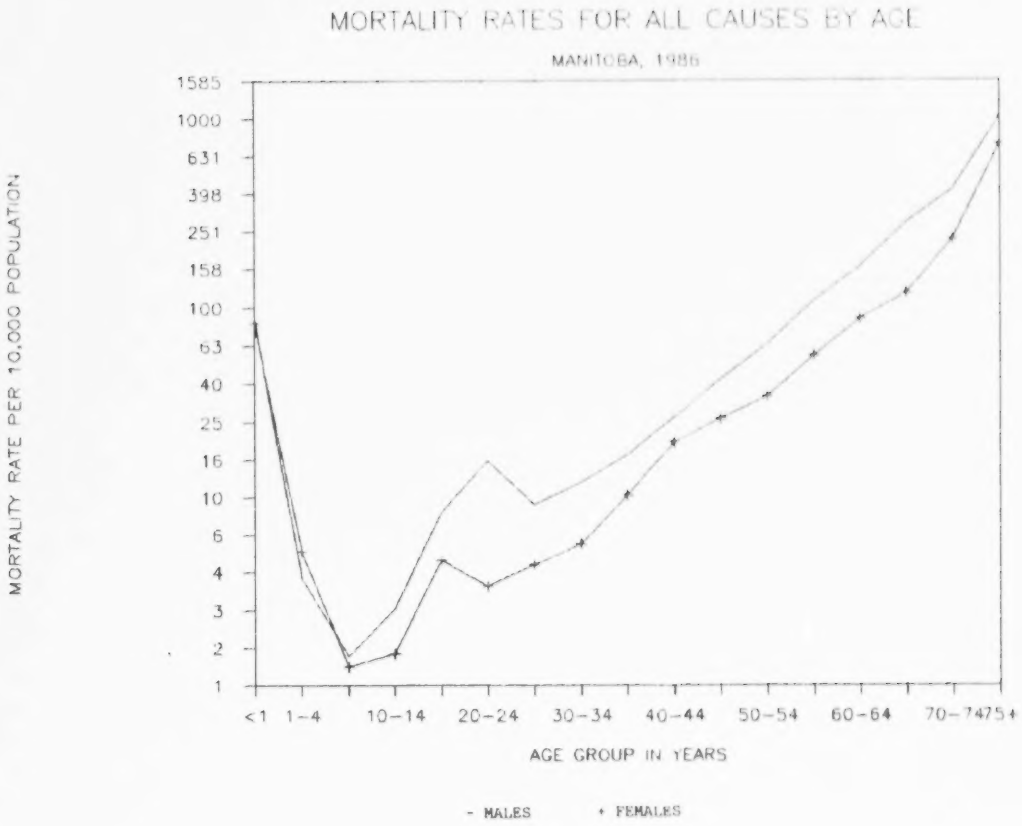
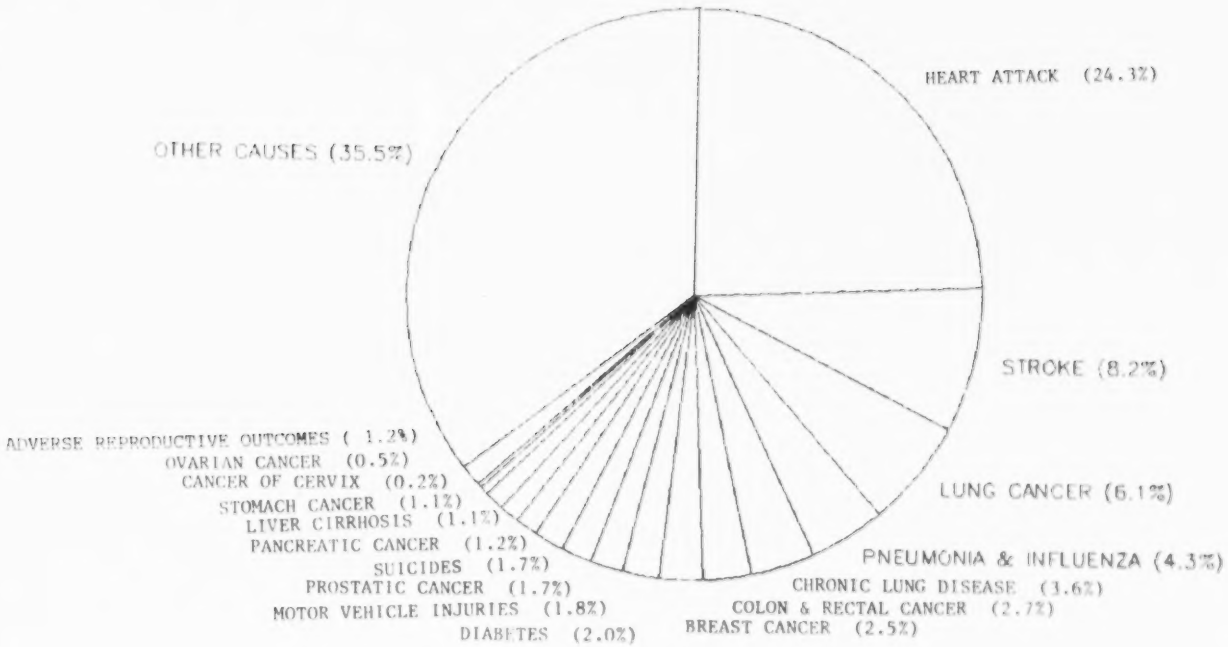


Source: Community Health Services, Manitoba Health.

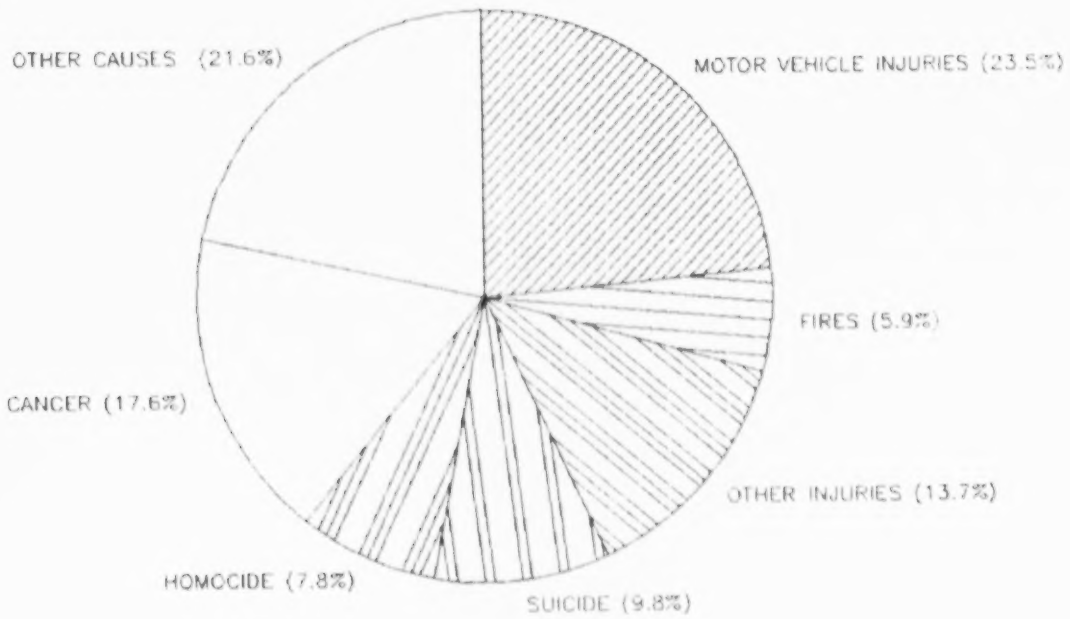
PRIMARY CAUSES OF DEATH, 1986

MANITOBA, 1986



Source: Community Health Services, Manitoba Health.

PRIMARY CAUSES OF DEATH AMONG PERSONS AGED 10 - 17 MANITOBA 1986



Source: Community Health Services, Manitoba Health.

HEALTH PROMOTION

Canada has a strong health care system and its people have a level of health that is envied. However, health care costs are rising and major challenges remain. The present Canadian health care system does not adequately deal with major health concerns of our time. The national challenges, which may differ from regional problems, must be faced in order to achieve health for all (J. Epp, 1986). National challenges include:

- reducing the inequities in the health of people of low economic status,
- finding new, effective ways of preventing chronic illness, injury and disabilities,
- enhancing people's attitudes to manage and cope with chronic conditions, disabilities and mental health problems.

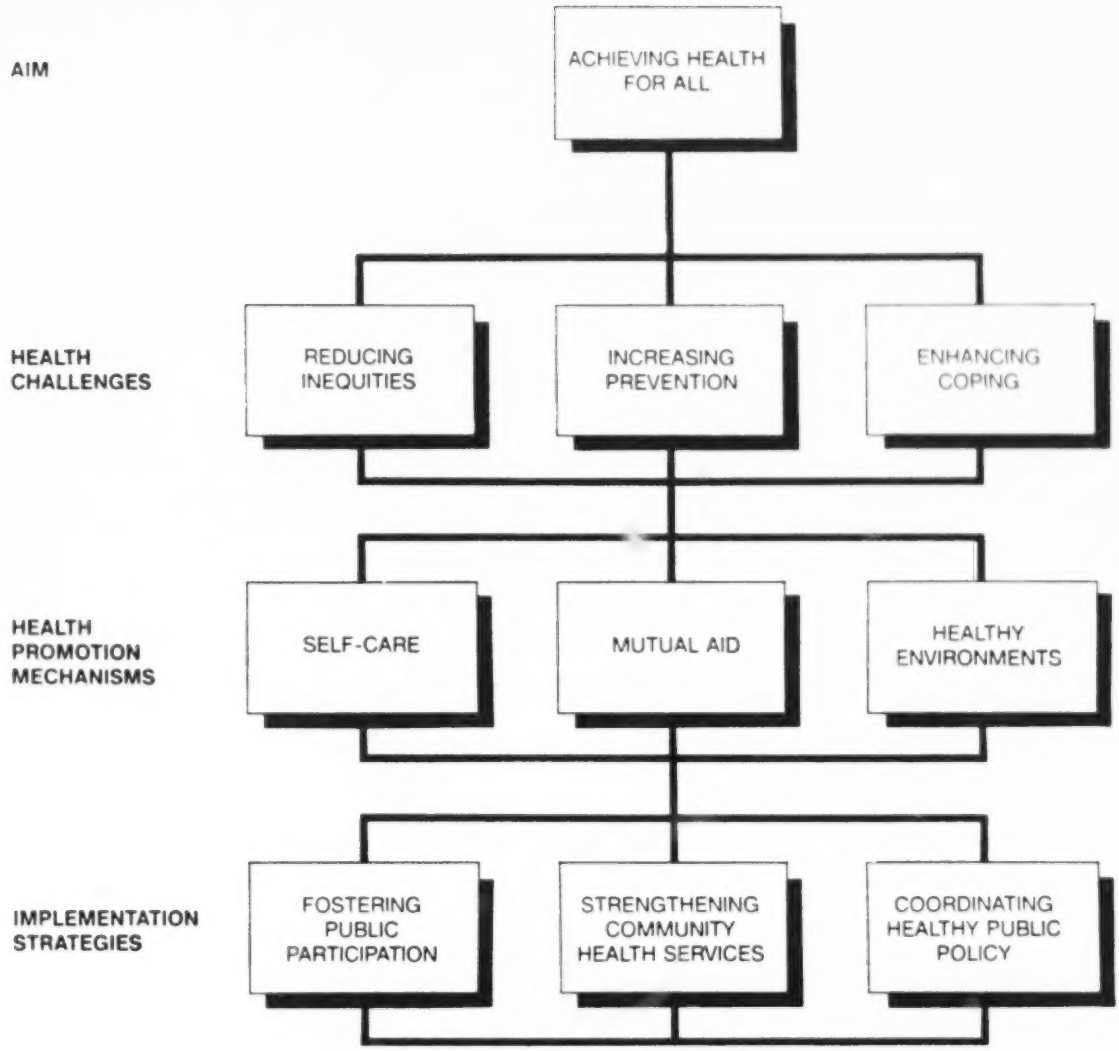
Health promotion is defined as the process of enabling people to act in ways to increase control over and improve their health. It involves:

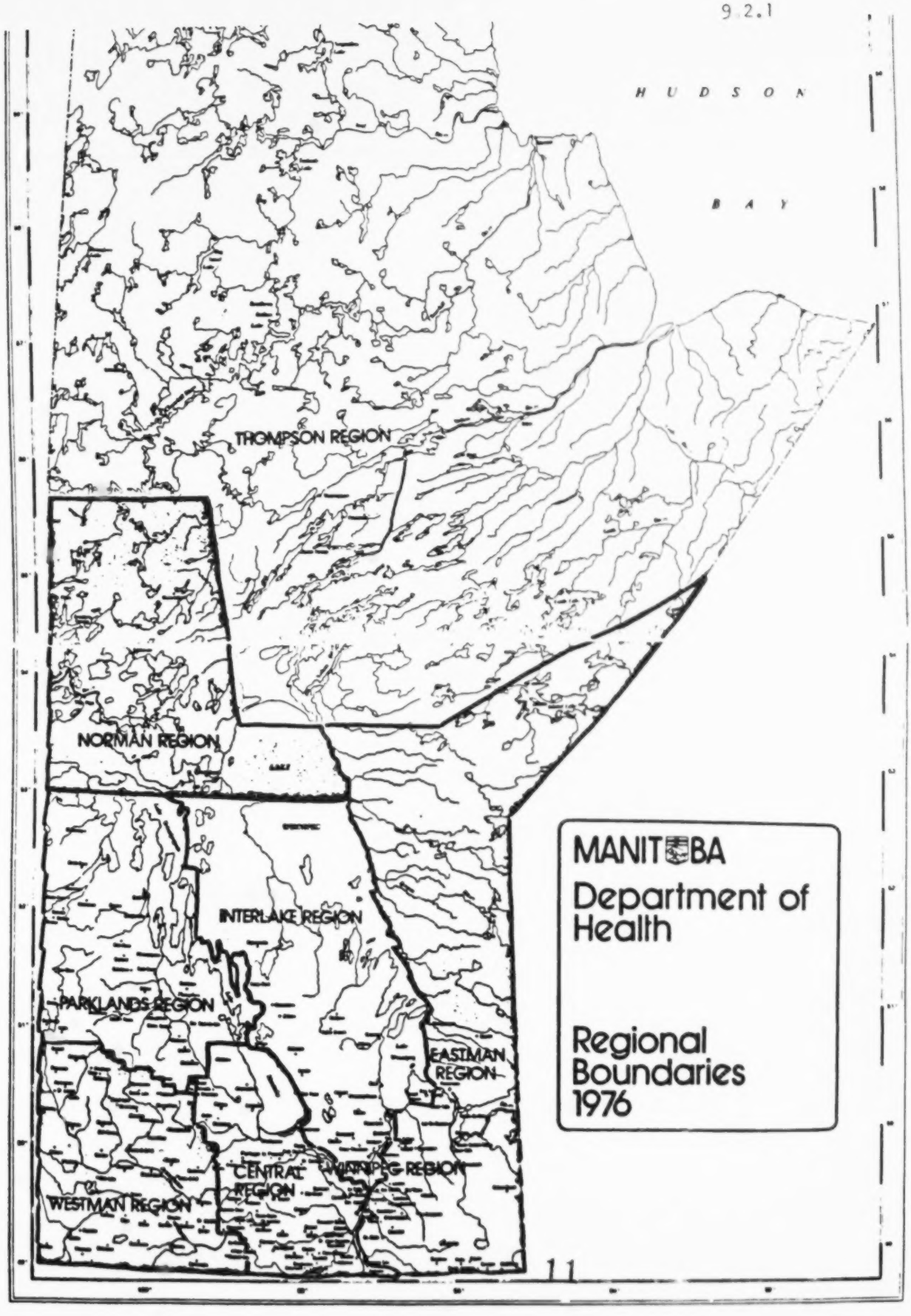
- self care (decisions and actions to improve and protect personal health),
- mutual aid (use of health networks to support individuals within the community who may be ill or disabled),
- health environments (creating and adapting surroundings that are conducive to health).

Strategies to encourage health promotion components include:

- fostering public participation (people are helped to preserve or improve their health),
- strengthening of health services (expand service, roles, coordinate community programs),
- coordinating healthy public policy (to meet health needs of people, healthy policies must be formulated and enacted).

Reference: Jake Epp, Minister of Health for Canada, Achieving Health for All: A Framework for Health Promotion (Ottawa: Health and Welfare Canada, Department of Supply and Services, 1986).


AIM
ACHIEVING HEALTH FOR ALL
HEALTH CHALLENGES
REDUCING INEQUITIES
INCREASING PREVENTION
ENHANCING COPING
HEALTH PROMOTION MECHANISMS
SELF-CARE
MUTUAL AID
HEALTHY ENVIRONMENTS
IMPLEMENTATION STRATEGIES
FOSTERING PUBLIC PARTICIPATION
STRENGTHENING COMMUNITY HEALTH SERVICES
COORDINATING HEALTHY PUBLIC POLICY


HUDSON
BAY
THOMPSON REGION
NORMAN REGION
INTERLAKE REGION
PARKLANDS REGION
EASTMAN REGION
CENTRAL REGION
WINNIPEG REGION
WESTMAN REGION
MANITOBA
Department of Health
Regional Boundaries 1976

9.2.1

DIRECTORY

Of National Health-Related Organizations And Associations In Canada

This directory is designed to provide readers of *Health Promotion* with an up-to-date who's who of *national* health-related organizations and associations in Canada. We invite any organization not included or incorrectly listed to write to the Editor at the address listed on the back of the directory.

Advanced Coronary Treatment Foundation of Canada
P.O. Box 6313 — Station "J"
2625 Queensview Drive
Ottawa, Ontario
K2A 3Y4
(613) 596-5850 Ext. 380

Al-Anon Family Groups (Canada)
Suite 7
2453 Yonge Street
Toronto, Ontario
M4P 2E8
(416) 486-1888

Alcohol and Drug Concerns Inc.
Suite 200
11 Progress Avenue
Scarborough, Ontario
M1P 4S7
(416) 293-3400

Alcoholics Anonymous
272 Eglinton West
Toronto, Ontario
M4R 1B2
(416) 487-5591

Allergy Foundation of Canada
Box 1904
Saskatoon, Saskatchewan
S7K 3S5
(306) 664-4618

Allergy Information Association
25 Poynter Drive, Room 7
Weston, Ontario
M9R 1K8
(416) 244-9312

Alzheimer Society of Canada
491 Lawrence Avenue West
Suite 501
Toronto, Ontario
M5M 1C7
(416) 789-0503

Amytrophic Lateral Sclerosis Society of Canada
250 Rogers Road
Toronto, Ontario
M6E 1R1
(416) 656-5241

Arthritis Society
250 Bloor Street East
Suite 401
Toronto, Ontario
M4W 3P2
(416) 967-1414

Association canadienne de l'Ataxie de Friedreich
5620 C.P. Jobin Road
Saint Leonard, Quebec
H1P 1H8
(514) 321-8684

Autism Society of Canada
21 Amber Street, Unit 13
Markham, Ontario
L3R 4Z3
(416) 477-7436

Big Brothers of Canada
3619 Harvester Road
Burlington, Ontario
L7N 3G4
(416) 639-0461

Big Sisters of Canada
2750 Dufferin Street
Fairbank United Church
Toronto, Ontario
M6B 3R1
(416) 784-7480

Boys and Girls Clubs of Canada
250 Consumers Road
Suite 505
Willowdale, Ontario
M2J 4V6
(416) 494-1212

CMT International
34 B Bayview Drive
St. Catharines, Ontario
L2N 4Y6
(416) 937-3811

Canada Safety Council
1765 St. Laurent Blvd.
Ottawa, Ontario
K1G 3V4
(613) 521-6561

Canadian Academy of Sport Medicine
333 River Road
Vanier, Ontario
K1L 8H9
(613) 745-4564

Canadian Addictions Foundation
4753 - 99 Street
Edmonton, Alberta
T6E 5R6
(403) 450-2299

Canadian Association for Community Living*
York University Campus
4700 Keele Street
Downsview, Ontario
M3J 1P3
(416) 661-9611

Canadian Association for Health, Physical Education and Recreation
333 River Road
Vanier, Ontario
K1L 8H9
(613) 748-5622

Canadian Association for Narcolepsy
Box 223, Station "S"
Toronto, Ontario
M5M 4L7
(416) 782-5930

Canadian Association of the Deaf
271 Spadina Road, 3rd Floor
Toronto, Ontario
M5R 2V3
(416) 928-1350

Canadian Association for Retarded
the Mentally Retarded

Canadian Association on Gerontology
P.O. Box 1859
Winnipeg, Manitoba
R3C 3R1
(204) 944-9158

Canadian Association of Hospital Auxiliaries
17 York Street, Suite 100
Ottawa, Ontario
K1N 9J7
(613) 238-8005

Canadian Association of Occupational Therapists
110 Eglinton Avenue West
3rd Floor
Toronto, Ontario
M4R 1A3
(416) 487-5404

Canadian Association of Optometrists
77 Metcalfe Street, Suite 207
Ottawa, Ontario
K1P 5L6
(613) 238-2006

Canadian Association of Radiologists
1440 St. Catherine Street West
Suite 506
Montreal, Quebec
H3G 1R8
(514) 866-2035

Canadian Association of Schools of Social Work
55 Parkdale Avenue
Ottawa, Ontario
K1Y 1E5
(613) 722-2974

Canadian Association for Treatment and Study of the Family
Department of Social Work
Kings College
University of Western Ontario
266 Epworth Avenue
London, Ontario
N6A 2M3
(519) 433-3491 Ext. 339

Canadian Cancer Society
77 Bloor Street West
Suite 1702
Toronto, Ontario
M5S 3A1
(416) 961-7223

Canadian Cardiovascular Society
360 Victoria Avenue
Suite 401
Westmount, Quebec
H3Z 2N4
(514) 482-3407

Canadian Celiac Association
1087 Meyerside Drive
Suite 5
Mississauga, Ontario
L5T 1M5
(416) 673-8509

Canadian Cerebral Palsy Association
55 Bloor Street East
Suite 301
Toronto, Ontario
M4W 1A9
(416) 923-2932

Canadian Chiropractic Association
290 Lawrence Avenue West
Toronto, Ontario
M5M 1B3
(416) 781-5656

Canadian Cleft Lip and Palate Family Asscciation
170 Elizabeth Street
Suite 649
Toronto, Ontario
M5G 1E8
(416) 598-2311

Canadian College of Health Record Administrators
Canadian Health Record Association
1185 Eglinton Avenue West
Suite 301
Don Mills, Ontario
M3C 3C6
(416) 429-5835

Canadian College of Health Service Executives
17 York Street
Suite 201
Ottawa, Ontario
K1N 5S7
(613) 235-7218

Canadian Co-ordinating Council on Deafness
294 Albert Street
Suite 201
Ottawa, Ontario
K1P 6E6
(613) 232-2611

Canadian Council of the Blind
220 Dundas Street
Suite 610
London, Ontario
N6A 1H3
(519) 433-3946

Canadian Council on Children and Youth
2211 Riverside Drive
Suite 11
Ottawa, Ontario
K1H 7X5
(613) 735-0200

Canadian Council on Rehabilitation and Work
200-831 Portage Avenue
Winnipeg, Manitoba
R3G 0P7
(204) 942-4850

Canadian Council on Smoking and Health
725 Churchill Avenue
Ottawa, Ontario
K1Z 5G7
(613) 722-3419

Canadian Council on Social Development
55 Parkdale Avenue
P.O. Box 3505, Station "C"
Ottawa, Ontario
K1Y 4G1
(613) 728-1865

Canadian Cultural Society of the Deaf Inc.
360 Cumberland Avenue
Suite 1503
Winnipeg Manitoba
R3B 1T4
(204) 943-7977

Canadian Cystic Fibrosis Foundation
586 Eglinton Avenue East
Suite 204
Toronto Ontario
M4P 1P2
(416) 485-9149

Canadian Deaf-Blind and Rubella Association
P O Box 1625
Meaford Ontario
N0H 1R0
(519) 538-3431

Canadian Dental Association
1815 Alta Vista Drive
Ottawa Ontario
K1G 3Y6
(613) 523-1770

Canadian Dental Hygienists' Association
1320 Carling Avenue
Ottawa Ontario
K1Z 7K9
(613) 728-8730

Canadian Diabetes Association
78 Bond Street
Toronto Ontario
M5B 2J8
(416) 362-4440

Canadian Dietetic Association
385 Yonge Street
Suite 304
Toronto Ontario
M5B 1S1
(416) 596-0857

Canadian Fertility Research Association
2065 Alexandre de Seve Road
Suite 409
Montreal Quebec
H2L 2W5
(514) 524-9009

Canadian Fire Safety Association
2175 Sheppard Avenue East
Suite 110
Willowdale Ontario
M2J 1W8
(416) 492-9417

Canadian Fitness and Lifestyle Research Institute
294 Albert Street
Suite 506
Ottawa Ontario
K1P 6E6
(613) 236-0173

Canadian Foundation for Ileitis and Colitis
387 Bloor Street East
Suite 402
Toronto Ontario
M4W 1H7
(416) 920-5035

Canadian Foundation for the Study of Infant Deaths
Box 190 Station R
Toronto Ontario
M4G 3Z9
(416) 488-3260

Canadian Friends of Schizophrenics
95 Barber Greene Road
Suite 309
Don Mills Ontario
M3C 3E9
(416) 445-8204

Canadian Geriatrics Research Society
351 Christie Street
Toronto Ontario
M6G 3C3
(416) 537-6000

Canadian Hard of Hearing Association
2125 West 7th Avenue
Vancouver British Columbia
V6K 1X9
(604) 731-8010

Canadian Health Education Society
P O Box 2305 Station D
Ottawa Ontario
K1P 5W5
(613) 658-5726

Canadian Hearing Society
60 Bedford Road
Toronto Ontario
M5R 2K2
(416) 964-9595
(416) 964-2066 (TDD)

Canadian Heart Foundation
1 Nicholas Street
Suite 1200
Ottawa Ontario
K1N 7B7
(613) 237-4361

Canadian Hemophilia Society
100 King Street West
Suite 210
Hamilton Ontario
L8P 1A2
(416) 523-6414

Canadian Hospital Association
17 York Street
Suite 100
Ottawa Ontario
K1N 9J6
(613) 238-8005

Canadian Institute of Child Health
17 York Street
Suite 202
Ottawa Ontario
K1N 5S7
(613) 238-8425

Canadian Institute of Public Health Inspectors
1975 Caribou Court
Sudbury Ontario
P3A 4W6

Canadian Liver Foundation
42 Charles Street East
Suite 510
Toronto Ontario
M4Y 1T4
(416) 964-1953

Canadian Long Term Care Association
135 York Street
Suite 204
Ottawa Ontario
K1N 5T4
(613) 237-9837

Canadian Lung Association
75 Albert Street
Suite 908
Ottawa Ontario
K1P 5E7
(613) 237-1208

Canadian Medic-Alert Foundation
293 Eglinton Avenue East
Toronto Ontario
M4P 2Z8
(416) 481-5175

Canadian Medical Association
1867 Alta Vista Drive
Ottawa Ontario
K1G 0G8
(613) 731-9331

Canadian Mental Health Association
2160 Yonge Street
Toronto Ontario
M4S 2Z3
(416) 484-7750

Canadian Mothercraft Society
32 Heath Street West
Toronto Ontario
M4V 1T3
(416) 920-3515

Canadian National Institute for the Blind
1931 Bayview Avenue
Toronto Ontario
M4G 4C8
(416) 480-7580

Canadian Neurological Coalition
c/o Banting Institute
100 College Street
Suite 126
Toronto Ontario
M5G 1L5
(416) 596-7043

Canadian Nurses' Association
50 The Driveway
Ottawa Ontario
K2P 1E2
(613) 237-2133

Canadian Orthopaedic Association
117 St Catherine Street West
Suite 225
Montreal Quebec
H3B 1H9
(514) 844-9818

Canadian Osteopathic Association
575 Waterloo Street
London Ontario
N6B 2R2
(519) 439-5521

Canadian Paediatric Society
c/o Children's Hospital of Eastern Ontario
401 Smyth Road
Ottawa Ontario
K1H 8L1
(613) 737-2728

Canadian Paraplegic Association
520 Sutherland Drive, 2nd Floor
Toronto, Ontario
M4G 3V9
(416) 422-5640

Canadian Pharmaceutical Association
1815 Alta Visita Drive
Ottawa, Ontario
K1G 3V6
(613) 523-7877

Canadian Psoriasis Foundation
P O Box 5036, Armdale
Halifax, Nova Scotia
B3L 4M6
(902) 443-5006

Canadian Psychiatric Association
225 Lisgar Street
Suite 103
Ottawa, Ontario
K2P 0C6
(613) 234-2815

Canadian Psychiatric Research Foundation
220 Yonge Street
Suite 206
P O Box 607
Toronto, Ontario
M5B 2H1
(416) 591-9289

Canadian Public Health Association
1335 Carling Avenue
Suite 210
Ottawa, Ontario
K1Z 8N8
(613) 725-3769

Canadian Red Cross Society
95 Wellesley Street East
Toronto, Ontario
M4Y 1H6
(416) 923-6692

Canadian Rehabilitation Council for the Disabled
One Yonge Street
Suite 2110
Toronto, Ontario
M5E 1E5
(416) 862-0340

Canadian Schizophrenia Foundation
2229 Broad Street
Regina, Saskatchewan
S4P 1Y7
(306) 757-7969
(306) 757-6065

Canadian Sickle Cell Society
1076 Bathurst Street
Suite 305
Toronto, Ontario
M5H 3G9
(416) 537-3475

Canadian Society for the Prevention of Cruelty to Children
246 King Street, Box 700
Midland, Ontario
L4R 4P4
(705) 526-5647

Canadian Stroke Recovery Association
170 The Donway West
Suite 122A
Don Mills, Ontario
M3C 2G3
(416) 446-1580

Canadians for Health Research
P O Box 126
Westmount, Quebec
H3Z 2T1
(514) 392-4864

Catholic Health Association of Canada
312 Daly Avenue
Ottawa, Ontario
K1N 6G7
(613) 238-8471

Children's Broadcast Institute
234 Eglinton Avenue East
Suite 405
Toronto, Ontario
M4P 1K5
(416) 482-0321

College of Family Physicians of Canada
4000 Leslie Street
Willowdale, Ontario
M2K 2R9
(416) 493-7513

Council on Drug Abuse
698 Westin Road
Suite 17
Toronto, Ontario
M6N 3R3
(416) 763-1491

Deaf Canadians Readers' Association
P O Box 1291
Edmonton, Alberta
T5J 2M8
(403) 462-3323

DES Action Canada
Snowdon, P O Box 233
Montreal, Quebec
H3X 3T4
(514) 482-3204

Epilepsy Canada
2099 Alexandre de Seve Road, #27
P O Box 1560, Station "C"
Montreal, Quebec
H2L 4K8
(514) 876-7455

Family Service Canada
55 Parkdale Avenue
Ottawa, Ontario
K1Y 4G1
(613) 728-2463

Federation of Medical Women of Canada
1815 Alta Vista Drive
Suite 201A
Ottawa, Ontario
K1G 3Y6
(613) 731-1026

Health League of Canada
1560 Bayview Avenue
Suite 304
Toronto, Ontario
M4G 3B9
(416) 486-6023

Huntington Society of Canada
13 Water Street North
Suite 3
P O Box 333
Cambridge, Ontario
N1R 5T8
(519) 622-1002

International Social Service Canada
55 Parkdale Avenue
P O Box 3505, Station "C"
Ottawa, Ontario
K1Y 4G1
(613) 728-1865

Juvenile Diabetes Foundation
201-4632 Yonge Street
Willowdale, Ontario
M2N 5M1
(416) 224-2633

Kidney Foundation of Canada
4060 St. Catherine Street West
Suite 555
Montreal, Quebec
H3Z 2Z3
(514) 934-4806

La Leche League in Canada
P O Box 70
Williamsburg, Ontario
K0C 2H0

Learning Disabilities Association of Canada
323 Chapel Street
Ottawa, Ontario
K1N 7Z2
(613) 238-5721

Multicultural Health Coalition
1017 Wilson Avenue
Suite 407
Downsview, Ontario
M3K 1Z1
(416) 630-8835

Multiple Sclerosis Society of Canada
250 Bloor Street East
Suite 820
Toronto, Ontario
M4W 3P9
(416) 922-6065

Muscular Dystrophy Association of Canada
150 Eglinton Avenue East
Suite 400
Toronto, Ontario
M4P 1E8
(416) 488-0030

National Anti-Poverty Organization
456 Rideau Street
Ottawa, Ontario
K1N 5Z4
(613) 234-3332

National Eating Disorder Information Centre
1560 Bayview Drive
Suite 203
Toronto, Ontario
M4G 3B8
(416) 483-5219

National Institute of Nutrition
1335 Carling Avenue
Ottawa, Ontario
K1Z 8N8
(613) 725-1889

Non-Smokers' Rights Association
344 Bloor Street West
Suite 308
Toronto, Ontario
M5S 1W9
(416) 928-2900

One Parent Families Association of Canada
6979 Yonge Street
Suite 203
Willowdale, Ontario
M2M 3X9
(416) 226-0062

Osteoporosis Society of Canada
76 St. Clair Avenue West
Suite 502
Toronto, Ontario
M4V 1N2
(416) 922-1358

Palliative Care Foundation
3 Prince Arthur Avenue
Toronto, Ontario
M5R 1B2
(416) 922-1281

Parkinson Foundation of Canada
55 Bloor Street West
Suite 232
Toronto, Ontario
M4W 1H6
(416) 964-1155

Participaction
40 Dundas Street West
Suite 220
Toronto, Ontario
M5G 2C2
(416) 977-7467

Planned Parenthood Federation of Canada
3rd Floor
323 Chapel Street
Ottawa, Ontario
K1N 7Z2
(613) 238-4474

Prader-Willi Syndrome Association
Group 23, Box 9
Dryden, Ontario
P8N 2Y5
(807) 937-5475

Pride-Canada
(Parent Resources Institute for Drug Education)
Thorvaldson Building, Suite 110
College of Pharmacy
University of Saskatchewan
Saskatoon, Saskatchewan
S7N 0W0
(306) 343-1100

Reye's Syndrome Foundation of Canada
Children's Hospital of Western Ontario
Department of Paediatrics
800 Commissioners Road East
London, Ontario
M6A 4G5
(519) 685-8137

Serena Canada
151 Holland Avenue
Ottawa, Ontario
K1Y 0Y2
(613) 728-6536

St. John Ambulance
312 Laurier Ave. East
Ottawa, Ontario
K1N 6P6
(613) 236-7461

Spina Bifida Association of Canada
633 Wellington Crescent
Winnipeg, Manitoba
R3M 0A8
(204) 452-7580
(204) 563-5582

Thyroid Foundation of Canada
P.O. Box 1643
Kingston, Ontario
K7L 5C8
(613) 542-8330

Tourette Syndrome Foundation of Canada
173 Owen Boulevard
Willowdale, Ontario
M2P 1G8
(416) 449-4842

Traffic Injury Research Foundation of Canada
171 Nepean Street
6th Floor
Ottawa, Ontario
K2P 0B4
(613) 238-5235

Transplant International
339 Windermere Road
London, Ontario
N6A 5A5
(519) 663-3300

Turner's Syndrome Society
Administrative Studies Building
York University
4700 Keele Street
Downsview, Ontario
M3J 1P3
(416) 736-5023

United Way/Centraide Canada
150 Kent Street
Suite 310
Ottawa, Ontario
K1P 5P4
(613) 236-7041

Vanier Institute of the Family
120 Holland Avenue
3rd Floor
Ottawa, Ontario
K1Y 0X6
(613) 722-4007

Victorian Order of Nurses for Canada
5 Blackburn Avenue
Ottawa, Ontario
K1N 8A2
(613) 233-5694

World Food Day Association of Canada
323 Chapel Street
Ottawa, Ontario
K1N 7Z2
(613) 233-9002

YMCA Canada
2160 Yonge Street
2nd Floor
Toronto, Ontario
M4S 2A9
(416) 485-9447

YWCA Canada
80 Gerrard Street East
Toronto, Ontario
M5B 1G6
(416) 593-9886

Memo from the Editors . . .

This is the second annual edition of our special directory. We hope it will save you time and energy, and make it easier for you to reach your colleagues in organizations and associations across the country. Periodic updates of the directory will appear in the magazine as we are notified of additions and/or amendments.

The editors are constantly on the lookout for news about national campaigns, resources and publications, special programs and projects, and major conferences, annual meetings and other events of interest. We would be happy to hear from you about your organization's activities. Please bear in mind that material intended for publication must reach us three full months before January 1, April 1, July 1 or October 1, as appropriate.

Send correspondence to the Editor, *Health Promotion*, Health Promotion Directorate, Health and Welfare Canada, Ottawa, Ontario K1A 1B4. Kay Rawlings, the Editor may be reached at (613) 954-8842 and Elizabeth Rajkumar, the Assistant Editor, may be reached at (613) 238-4184.

Directory update

Since the publication of our National Health Organizations Directory in the Fall 1986 issue of *Health Promotion*, we have learned of the existence of a number of new organizations. There have also been some changes of address. We hope the following update to the directory will help you make and maintain contact with colleagues in health-related organizations and associations across the country. We encourage any national organization not included or incorrectly listed, either in the directory or in the supplement, to let us know as soon as possible.

Al-Anon Family Groups (Canada)
National Public Information Committee
P.O. Box 6433, Station J
Ottawa, Ontario
K2A 3Y6
(613) 722-1830

Canadian AIDS Society
10233 98th Street
Edmonton, Alberta
T5J 0M7
(403) 424-4767

Canadian Association for Ileitis and Colitis
Suite 301
21 St. Clair Avenue E.
Toronto, Ontario
M4T 1L9

Canadian Association for the Children of Alcoholics
P.O. Box 159, Station H
Toronto, Ontario
M4C 5H9
(416) 595-6035

Canadian Association of Practical and Nursing Assistants
13029 95 Street
Edmonton, Alberta
T5E 3Y2

Canadian Cerebral Palsy Association
40 Dundas Street West
Suite 222
P.O. Box 110
Toronto, Ontario
M5G 2C2
(416) 979-7923

Canadian Coalition for High Blood Pressure Prevention and Control
c/o Faculty of Medicine
Memorial University of Newfoundland
St. John's, Newfoundland
A1B 3V6
(709) 737-6791

Canadian Coalition on Depo Provera
c/o Winnipeg Women's Health Clinic
304-414 Graham Ave.
Winnipeg, Manitoba
R3C 0L8
(204) 947-1517

Canadian Co-ordinating Council on Deafness
Suite 203
116 Lisgar Street
Ottawa, Ontario
K2P 0C2
(613) 232-2611

Canadian Dermatology Foundation
855 West 10th Avenue
Vancouver, British Columbia
V5Z 1L7
(604) 872-1721

Canadian Dietetic Association
480 University Avenue
Suite 604
Toronto, Ontario
M5G 1V2
(416) 596-0857

Canadian Fitness and Lifestyle Research Institute
47 Clarence Street
Suite 200
Ottawa, Ontario
K1N 9K1
(613) 236-0173

Canadian Hypertension Society
c/o Dr. R.B. Haynes, Secretary
Health Sciences Centre
McMaster University
Room 3V43
1200 Main Street West
Hamilton, Ontario
L8N 3Z5
(416) 525-9140, ext. 2311

Canadian Institute of Public Health Inspectors
P.O. Box 5376, Station F
Ottawa, Ontario
K2C 3J1
(613) 725-1339

Canadian Pharmaceutical Association
1785 Alta Vista Drive
Ottawa, Ontario
K1G 3Y6
(613) 523-7877

Canadian Physiotherapy Association
Suite 201
44 Eglinton Ave. W.
Toronto, Ontario
M4R 1A1

Canadian Psoriasis Foundation
P.O. Box 5036, Armdale
Halifax, Nova Scotia
B3L 4M6
(902) 443-5006

Canadian Psychological Association
Vincent Road
Old Chelsea, Quebec
J0X 2N0
(819) 827-3927

Canadian Red Cross Society
1800 Alta Vista Drive
Ottawa, Ontario
K1G 4J5
(613) 737-5421

Canadian Sickle Cell Society
1801 Eglinton Avenue W.
Suite 204A
Toronto, Ontario
M6E 2H8
(416) 789-7615

CMT (Charcot-Marie Tooth) International
34-B Bayview Drive
St. Catharines, Ontario
L2N 4Y6
(416) 937-3851

DisAbled Women's Network
122 Galt Avenue
Toronto, Ontario
M4M 2Z3
(416) 694-8888

National Eating Disorder Information Centre
Toronto General Hospital
200 Elizabeth Street
College Wing 2-332
Toronto, Ontario
M5G 2C4
(416) 595-4156

Prader-Willi Syndrome Association
(Association of Central Canada)
R.R. #3, Richan Road
Dryden, Ontario
P8N 3G2
(807) 937-5475

Physicians for a Smoke-Free Canada
Box 4849, Station E
Ottawa, Ontario
K1S 5J1

Women's Health Interaction
58 Arthur Street
Ottawa, Ontario
K1R 7B9
(613) 563-4801

World Food Day Association of Canada
255 Argyle Avenue
Ottawa, Ontario
K2P 1B8
(613) 233-9002

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TEACHER BACKGROUND NOTES: COMMON SEXUALLY TRANSMITTED DISEASES (STDs)

Disease (cause)	Reportable	Clinical Characteristics
Herpes Simplex or genital herpes (virus)		Small painful blisters or ulcers erupt on skin of genital area sometimes associated with intercourse. Sores crust over and heal. Subsequent outbreaks occur. Disease is associated with increased risk of cancer of the cervix. Infants born to mothers who are infectious at the time of birth are at risk of birth defects/death. No effective curative tive drug treatment yet.
Genital warts (virus)		Warts that appear on genital and anal areas frequently spread through sexual intimacy. The warts may have a cauliflower-like appearance and may appear in groups. They should be treated or surgically removed and partners examined.
Gonorrhea (bacteria)	Yes	Burning, itching and inflammation of genital and urinary membranes. Males exude whitish-yellow discharge. Women may notice slight vaginal discharge. If untreated, reproductive organs may be infected and sterility may result. This is known as P.I.D. or Pelvic Inflammatory Disease. Newborn baby's eyes may become infected if mother is infected. Many individuals experience no symptoms.
Chancroid (bacteria)	Yes	Painful sores filled with pus in the genital area occurring 1-5 days after intercourse. If untreated, they may infect lymph glands causing swelling and a large open sore.
Syphilis (bacteria)	Yes	A three-stage infection transmitted by intercourse: . primary state - a painless sore called a chancre, . secondary stage - a skin rash, . tertiary stage - damage to heart, nervous system or other organs.

Disease (cause)	Reportable	Clinical Characteristics
Syphilis (bacteria) (Cont'd)	Yes	Syphilis responds well to drug treatment especially in the early stages. Risk of infection of the fetus of a mother with untreated syphilis is very high and abnormalities or death of the baby may occur.
Nongonococcal urethritis (may be caused by Chlamydia trachomatis)		Inflammation or infection of the urethra accompanied by burning and itching around the urethra and burning on urination. Watery discharge appears 1-4 weeks after infection. If untreated, may result in infections of the bladder or testes, inflammation of the cervix, and pelvic inflammatory disease (fallopian tube infection may result in sterility). During birth, the disease can infect and damage a baby's eyes and cause pneumonia. A person may not experience symptoms.
Trichomoniasis (Protozoan)		An infection of the vagina. Greenish-yellow discharge causes itchy red and painful genital areas. Men may have a slight discharge from penis. Organism can live outside the body for several hours on objects such as washcloths and soap. Disease is most noticeable in women.
Candidiasis (yeast)		Severe vaginal itching and odorless vaginal discharge which is white and cheesy. A rash or small sores may appear in genital area. Men may have a slight irritation of penis. Cleanliness of genital area is important during treatment. If untreated, reinfection occurs. Babies born to infected mothers can develop "thrush," a yeast infection in the baby's mouth. Disease is more noticeable in women.
Chlamydia		Resembles mild gonorrhea. Males experience discharge or pain during urination. Women may have no signs or may experience burning sensation on urination and a vaginal discharge.

TEACHER BACKGROUND NOTES: SEXUALLY TRANSMITTED DISEASES

Introduction

The following information about sexually transmitted diseases (STDs) has been included to help to establish a context for the study of AIDS. AIDS is contracted primarily through sexual intercourse with an infected person, and in this context current information on other sexually transmitted diseases is included. The pamphlet, "Sexually Transmitted Diseases: Prevention for Everyone," prepared by the American Foundation for the Prevention of Venereal Disease, has been used as a resource for this section.

Young people are more likely to gain a proper understanding of AIDS if it is considered in the context of other more common STDs that may affect the health of adolescents. It is also important that young people know when to seek help, understand how the diseases are transmitted, and be aware of the strategies needed to prevent STDs from occurring. Feelings of shame and guilt sometimes associated with these diseases should be overcome and should not prevent individuals at risk from seeking medical help. It is vital to individual and collective health that everyone learn the importance of personal hygiene and the means of prevention of sexually transmitted diseases.

STDs are caused by many different organisms. They can affect the male and female sex organs on the outside of the body, the internal sex organs, the anus, the mouth and the throat. The mucous membranes of the genito-urinary system in both the male and the female are also susceptible to infection. Common STDs include gonorrhea, chlamydia, non-gonococcal urethritis, and genital herpes. Anyone who has sexual contact with an infected person can get an STD. The greater the number of sexual partners, the greater the chance of getting an STD.

If an STD is present, the following symptoms may develop on or near the sex organs: a sore, an irritation, an unusual discharge from the vagina or penis, and a burning sensation on urination. The following symptoms may also be noticed: lower abdominal cramps and a strong smell from the vagina or penis. Even if these symptoms disappear after a while, they always indicate that something is wrong. If something unusual occurs and there is no explanation, a doctor should be consulted. While symptoms do not always mean that the person has an STD, a checkup is required to be sure. Symptoms may show up within two days after sexual contact with an infected person, or they may not show up for months.

Prevention of STDs

Individuals with numerous sex partners run a high risk of contracting STDs. They should not only consult a physician when symptoms appear but also have regular checkups.

Source: Education About AIDS, Ontario Ministry of Education, September 1987. Part A, pp. 18-23. Used with permission.

The condom provides protection against the transmission of genital infections. (See below for details on the use of the condom.)

Persons with the following symptoms should seek medical care from family physicians, STD clinics, or hospital out-patient departments: a genital discharge; a sore, warts, or pimples on the genitals or in the anal area; pain or burning on urination or bowel movement; reddish or darkened urine; a persistent sore throat; or enlarged lymph glands.

The treatment of STDs is usually simple and consists mainly of the taking of oral antibiotics. However, infection will remain if all medication is not taken as directed.

Until completely cured, infected individuals should refrain from all sexual contact, which may spread the disease. They should also assume responsibility for notifying their previous and current sex partners of the necessity for an STD examination. Often the public health department will assume this responsibility. All information about patients is confidential.

The Use of Condoms

When used properly with spermicidal foam or water-based lubricant, condoms can provide some protection against STDs. A Belgian study has found, however, that HIV can pass through condoms made of lamb's intestines. The use of latex condoms is therefore advisable. Some latex condoms are also coated or impregnted with a lubricating spermicide, nonoxynol-9, and may be viricidal as well as spermicidal. Spermicides such as nonoxynol-9 probably kill by destroying the shell that holds the virus together and thus provide extra protection in case the condom breaks. However, the use of spermicidal foam alone does not provide sufficient protection.

The condom is not a completely effective method of protecting against STDs, although there is evidence that the use of a condom reduces the risk of infection. Even the most rigorous application of standards, however, does not guarantee that every condom will be completely reliable and totally free from holes. Oil-based products such as petroleum jelly or baby oil should never be used with a latex condom because these substances make the latex porous and ineffective against the virus; the use of a water-based lubricant or spermicidal foam is suggested. Foam should be used only for vaginal intercourse as it can damage anal tissue.

The condom must be worn before any genital contact. Air should be squeezed out of the tip of the condom and, while it is still rolled up, it should be placed on the tip of the erect penis and then rolled all the way down, leaving a half-inch space at the tip to prevent breakage during ejaculation. When withdrawing, the male must hold the condom firmly at the rim so that the semen does not spill. Condoms should never be reused.

Anyone, regardless of age, can obtain condoms from pharmacies and some convenience stores. Since condoms can become brittle and break, the expiry date on the box should be checked before use. Condoms should not be stored in wallets; left in car glove compartments, where they can be subjected to extremes of heat and cold; or carried in pants pockets, where they could be damaged by friction. Further information on condoms may be obtained from John Bell, "The Thin Latex Line Against Disease," New Scientist, no. 1549 (February 26, 1987), pages 58-81.

Common Sexually Transmitted Diseases

The following are some of the most common STDs:

Gonorrhea. Gonorrhea is a serious infection that is transmitted by any type of genital intercourse or oral sex. The incubation period is one to fourteen days, usually two to seven days. Early symptoms in the male include a burning sensation during urination and a discharge from the penis. Some men and most women will have no early symptoms.

The bacterium that causes gonorrhea requires warmth and moisture for survival. It dies quickly on drying outside the human body. Previous infection with gonorrhea does not provide immunity; reinfection is possible on subsequent exposure to the organism.

Gonorrhea can affect the eyes of the newborn and produce blindness. Newborn infants routinely receive silver nitrate eye drops or antibiotics as prophylaxis.

Gonorrhea can cause pelvic inflammatory disease (PID) in women, a very serious infection of the uterus and Fallopian tubes that can lead to infertility and other complications. In men gonorrhea can cause sterility and difficulty in urinating. The early treatment of the disease with appropriate antibiotics prevents all of these complications.

Chlamydia. Chlamydia is believed to be more common than gonorrhea, and its symptoms may be similar. The illness usually appears from one to five weeks after sexual contact. Males have a discharge or pain during urination; females may have no signs or may have a burning sensation on urination and a vaginal discharge. Chlamydia can be treated with appropriate antibiotics.

If left untreated, chlamydia can cause PID with subsequent damage to the female reproductive organs; infection can cause scarring of the Fallopian tubes, leading to subsequent ectopic or tubal pregnancy or infertility. Infection can be transmitted to the newborn at birth, causing conjunctivitis or, in some cases, pneumonia. In the male, chlamydia can cause nongonococcal urethritis (NGU) or post-gonococcal urethritis (PGU).

Non-gonococcal urethritis (NGU), non-specific urethritis (NSU), post-gonococcal urethritis (PGU). Several different organisms can cause NGU in males, of which the most common is chlamydia. NGU is almost always transmitted through intercourse. Early symptoms of NGU are a burning sensation during urination and a discharge from the penis. If left untreated, NGU may cause a painful infection of the testicles.

NGU is treated with antibiotics, usually tetracycline. Penicillin is not used to treat NGU. The symptoms of the disease may disappear in a few days, but the infection will persist if all medication is not taken as prescribed.

A person is capable of passing on the disease from the moment of infection. This presents problems, because the infectious period can last for one to six weeks and sometimes longer.

The terms NGU, NSU and PGU are sometimes used interchangeably, although they are not the same. NGU refers to urethritis (infection of the male urinary canal) not caused by the gonococcus. NSU refers to urethritis with no known cause. PGU is caused by an organism that is not sensitive to the drug presribed to treat gonorrhea. PGU is urethritis that remains after gonococcal urethritis has been treated.

Genital herpes. Genital herpes is an infection caused by a virus closely related to the virus that causes cold sores (fever blisters) around the mouth. Genital herpes is passed on from person to person by sexual contact almost always during periods when sores are present.

The herpes virus causes blister-like sores on or around the genital area. These sores, although sometimes very painful, generally heal without scarring in one or two weeks. The virus, however, remains, and the sores can recur. Sexual intercourse should be avoided at this time. Repeat episodes of genital herpes tend to be less painful and to heal faster than the original outbreak.

It is important that women with genital herpes have a Pap smear (a test for cancer of the cervix) regularly. Special precautions need to be taken during pregnancy and at the time of delivery to avoid infecting the fetus with herpes.

At present there is no medical cure for genital herpes, although research in this area continues.

Syphilis. Syphilis is a serious disease that affects the entire body. It is transmitted by vaginal or anal intercourse or oral sex. The first symptom is usually a painless sore that appears where the organism entered the body; sometimes there is no visible initial symptom, as the sore may be internal and go unnoticed. If untreated, the disease progresses to the secondary stage. This is characterized by a rash or pimplelike sores that appear on the palms, soles, or elsewhere on the body. Even if left untreated in the second stage, these symptoms will disappear.

If treatment is inadequate, years later syphilis may cause heart disease, brain damage, insanity, or death. Early treatment with antibiotics, usually penicillin, will prevent these complications.

Vaginitis. Vaginitis is an inflammation of the vaginal area that is caused by a number of organisms. Factors that can lead to vaginitis are excessive douching, which can alter the balance of the bacteria normally found in the vagina; the use of antibiotics; a poor diet; and low resistance.

Vaginal infections may be transmitted by sexual contact. The treatment of both partners is necessary to avoid reinfection. Two prevalent types of vaginitis are candidiasis (monila, thrush, yeast) and trichomoniasis.

Monilia. Monilia or "yeast" is a very common vaginal infection caused by a small fungus. This fungus is normally present in the vaginas of healthy women in small amounts. At times, however, the yeast can increase to the point that it causes vaginal itching, burning, and a heavy, curdy, white discharge. Antibiotics, birth-control pills, pregnancy, and stress are all factors that can cause the yeast to overgrow and symptoms of monilia to appear.

Monilia is not a dangerous infection. It should, however, be treated with an antifungal cream or tablet to relieve discomfort. Monilia may be transmitted by sexual contact. The treatment of both partners is necessary to avoid reinfection.

Trichomoniasis. Trichomoniasis is a common STD. In women, both the urethra and the vagina become infected, giving a foamy, yellowish vaginal discharge, an unpleasant odour, itching, and pain on intercourse. Men usually do not show symptoms and can unknowingly transmit the infection to their partners. In men, the urethra becomes infected and while there is a small amount of discharge, only a few men experience burning on urination.

This infection rarely spreads outside the uro-genital area, and there are no late complications. Therefore, trichomoniasis is more of an uncomfortable, inconvenience than a dangerous illness. Treatment should always be given to both partners to prevent one from becoming a reservoir for the organism and causing reinfection of the other partner.

Genital warts. Genital warts look like ordinary skin warts but are highly contagious. They can very in number and appearance from single small growths to clusters of cauliflowerlike lumps. They are caused by viruses that are spread during sexual intercourse.

Certain viruses have been closely linked to the development of cancer of the cervix and vulva. Since effective treatment may reduce the risk of cancer, a doctor should be consulted promptly if any abnormal growth appears in the genitalia. Self-treatment with over-the-counter preparations is ineffective and can damage the delicate tissues of the genital region. Warts are commonly removed by chemicals, lasers, freezing with liquid nitrogen, or surgery.

HIV Infection. No signs or symptoms. Some people remain apparently well after infection with the Human Immunodeficiency Virus. They may have no physically apparent symptoms of illness. However, if proper precautions are not used with sexual contacts or intravenous drug use, these infected individuals can spread the virus to others. Anyone who thinks that he/she is infected should not donate his/her blood, organs, tissues, or sperm because they may now contain HIV.

AIDS-related complex (ARC). This is a condition caused by HIV in which the person with AIDS tests positive for AIDS infection and has a specific set of clinical symptoms. Signs and symptoms of ARC may include loss of appetite, loss of weight, fever, night sweats, skin rashes, diarrhea, tiredness, lack of resistance to infection, and swollen lymph nodes that persist for a long time. Symptoms are the same for males and females. Since they are also signs and symptoms of many other diseases, a person who has them should contact a doctor.

AIDS. Only a qualified health professional can diagnose AIDS, which is the end stage of a progression of infection caused by HIV. AIDS destroys the body's immune system and allows otherwise controllable infections to invade the body and cause additional diseases. These opportunistic infections, which would not otherwise cause serious problems, may eventually cause death. Symptoms of AIDS and the opportunistic infections may include a persistent dry cough and fever associated with shortness of breath or difficult breathing and may be symptoms of Pneumocystis carinii pneumonia. Multiple purplish blotches and bumps on the skin may be a sign of Kaposi's sarcoma. Although HIV in all infected people is essentially the same, the reactions of individuals may differ.

HIV may attack the nervous system and cause delayed damage to the brain. This damage may take months or years to develop and the symptoms may show up as memory loss, apathy, loss of coordination, partial paralysis, and mental disorder.

There is no cure for AIDS and no vaccine. Eighty percent of people with HIV infection die within three years of diagnosis of full-blown AIDS. To date no one has recovered from this disease.

TEACHER AND STUDENT BACKGROUND NOTES: QUESTIONS AND ANSWERS ABOUT SEXUALLY TRANSMITTED DISEASES (STDS)

Introduction

Information about sexually transmitted diseases (STDs) and AIDS can be presented through the use of audio-visual materials and a question-and-answer format. The following questions and answers are intended as examples and are by no means exhaustive.

Questions and Answers About STDs

1. What are STDs?

   STDs are diseases transmitted by sexual contact. There are many different types of STDs, with different causes, symptoms, treatments, and results. Sometimes people with a STD have no symptoms and can unknowingly pass the disease to others. Some common STDs include gonorrhea, chlamydia, non-gonoccocal urethritis, and genital herpes. AIDS is a relatively new, but life-threatening, STD.

2. Why is it important for people to be aware of STDs?

   It is important that everyone be aware of this group of diseases because STDs require decisions that may affect one's own health and that of others. A person who contracts a sexually transmitted disease has important social and moral responsibilities, which include finding medical treatment and notifying his/her sexual partner or partners.

3. What is the best way to avoid an STD?

   Sexual abstinence is the most effective means of prevention. In addition, STDs can be prevented through:

   - the avoidance of intimate sexual contact with an infected person or with one who has signs of an STD;
   - the proper use of a latex condom with spermicidal foam;
   - urination following intercourse and the washing of the sexual organs with soap and water.

4. Who can get STDs?

   Anyone who has intimate sexual contact with an infected person can get a STD. The greater the number of sexual partners one has, the greater the chance of getting a STD.

Source: Education About AIDS, Ontario Ministry of Education, September 1987. Part C, pp. 4-7. Used with permission.

5. What are the signs of a STD?

The following signs may appear on or near the sex organs: a sore, an irritation, an itch, a discharge, a burning sensation on urination. The following other symptoms may also be noticed: unusual and recurrent lower-abdominal cramps when not associated with menstruation; unusual vaginal discharge, which may leave a strong odour, or discharge from the penis.

Some symptoms may show up within two days after contact with an infected person, or they may not show up for months. Even if these symptoms disappear after a while, they always mean that something is wrong. Although they do not always mean that the person has an STD, a checkup is required.

6. Are there always signs?

No! There are not always signs of infection. A person may have a STD, not know it, and thus pass it on. Common sense suggests that if a person has more than one sexual partner, regular STD check-ups are necessary for all partners.

7. What are some common STDs?

Common STDs include the following:

Gonorrhea. In the male the symptoms of gonorrhea are a burning feeling during urination and the discharge of pus from the penis. However, some men will have no symptoms.

Females also may show no signs of the infection. When symptoms do appear, they will be in the form of a mild burning feeling during urination and a slight discharge from the vagina. Occasionally, the symptoms are very severe and require admission to hospital.

A person who suspects gonorrhea should go to a doctor or visit a clinic as soon as possible. Gonorrhea can be cured.

Chlamydia. Chlamydia is believed to be more common than gonorrhea, and its symptoms may be similar. Illness usually appears from one to five weeks after sexual contact with an infected person. Males have a discharge from the penis or pain during urination; females may have no signs or may have a burning sensation on urination and a vaginal dischargae. Chlamydia can be treated with appropriate antibiotics.

Infection can be transmitted to the newborn at birth, causing conjunctivitis or, in some cases, pneumonia.

Non-gonococcal urethritis (NGU). Non-gonococcal urethritis is an infection of the lining of the penis. This is not caused by gonorrhea, but the signs, including a burning feeling on urination and a discharge, are similar to those of gonorrhea. Several bacteria can cause NGU, but the most common is chlamydia.

Genital Herpes. Genital herpes is an infection caused by a virus closely related to the virus that causes cold sores (fever blisters) around the mouth. The herpes virus is spread during intimate sexual contact between an infected person and one who is not infected. There is no cure for herpes.

8. What are the effects of untreated STDs?

Unless the person infected with an STD receives treatment, his/her general health will decline. Moreover, STDs can cause permanent damage to the reproductive system and, in some cases, to other body systems. Gonorrhea or chlamydia can cause pelvic inflammatory disease (PID), a serious infection, in women. Some STDs cause sterility or infertility. STDs can cause a great deal of pain. Some STDs can be passed from the mother to the fetus in the womb or during the birth process. Unless treated, the person infected with an STD may continue to pass the bacteria or virus on to a partner.

9. What should be done if an STD is suspected?

Only a doctor can treat an STD. All treatment is strictly confidential. It is essential that a person not have intimate sexual contact with anyone until the STD is cured.

Treatment varies, depending on the type of STD. Following testing and a physical examination by a doctor, treatment could include antibiotics such as ampicillin and tetracycline.

In Manitoba, the doctor is responsible for reporting certain types of STDs to the health department or unit. The public health department is responsible for follow-up treatment and counselling of sexual contacts. All partner counselling is completely confidential.

10. What community information and treatment centres exist in your area?

The local health unit will supply this information.

11. What is the most serious STD?

AIDS (Acquired Immune Deficiency Syndrome). The term AIDS describes only the most serious form of an infection that is caused by a virus called HIV (Human Immunodeficiency Virus). If this virus gets into a person's blood, it infects and may destroy certain white blood cells, called helper T-cells. These white blood cells are very important to the body because they help fight disease. Once the cells are weakened, the body's immune system cannot work properly.

People with AIDS cannot fight a number of rare infections (e.g., a lung infection, Pneumocystis carinii pneumonia) and cancers (e.g., Kaposi's sarcoma). Since at the present time there is no cure for AIDS, people die of these serious illnesses.

In Canada, the most common way of contracting AIDS is by having sexual contact with an infected person. The second most common way is by sharing a needle contaminated by blood from an infected person during illegal intravenous drug use.

TEACHING ABOUT

AIDS

GRADE 9

Manitoba
Education

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Dr. A. Campbell, Regional Operations, Manitoba Health
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John Evans, St. Francois Xavier School, White Horse Plain School Division No. 18
Kathy Hatcher, Pacific Junction School, St. James-Assiniboia School Division No. 2
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Dr. Margaret Fast, Director, Communicable Disease Control, Manitoba Health
Dr. N. Goldberg, Canadian Medical Association-Manitoba Division
Lee Holleron, President, University of Winnipeg Students' Association
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Dr. Norm Isler, President, Manitoba Association of School Superintendents
Glen Murray, Village Clinic
Carman Neufeld, Executive Council, Manitoba Government

Dr. Lindsay Nicolle, Associate Professor, Department of Clinical Microbiology, University of Manitoba
Dr. Rey Pagtakham, Manitoba Association of School Trustees
Grace Parasuik, Director, Curriculum Development and Implementation Branch, Manitoba Education
Gary Polonsky, President, Red River Community College
Roger Procyk, Red River Community College Students' Union
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Jack Smyth, Superintendent, Winnipeg School Division No. 1
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Valerie Wake, President, Manitoba Teachers' Society

INTRODUCTION: AIDS INFORMATION

This document is the Community Health Teaching Support for Grade 9 which includes teacher and student background notes and student activities. School divisions may wish to examine the AIDS materials at each of grades 7, 8 and 9 to select the most appropriate material to use with each grade.

The prime responsibility for education about issues of sexuality, including AIDS, rests with the family. Parents provide love and nurturing which are the foundations of many future values and attitudes concerning sexuality. Family living is strengthened by parents who take an active role in communicating with their children. It is clear to parents and teachers that young people must have information, guidance and support if they are to make wise decisions. The facts of AIDS are frightening; yet, each student has the ability to avoid exposure to this disease.

Teenagers are capable of making wise choices. Parents, teachers and friends can help in the process by sharing information both about the disease and family values in regard to it and also by providing support. A health-promotion focus is particularly useful in instruction about AIDS because it emphasizes the whole individual and the general influence of lifestyle on social, emotional, physical, intellectual, cultural and spiritual well-being. This focus, with its emphasis on self-responsibility and sound decision making, provides a means to reach the ultimate goal of preventing AIDS through education and social action.

Teachers should exercise taste, discretion, and sensitivity in dealing with this topic. It is hoped that the suggested teaching strategies contained in this resource will be of assistance to teachers in planning lessons on AIDS that will meet the needs and interests of students. The focus is on information sharing at grade 7; values, peer pressure, and decision making at grade 8, and the influence of the media at grade 9. The strategies are intended to help students to act on their knowledge and to make positive decisions about their health. The responsibility for the selection of teaching ideas remains at the school level. Modification of the suggestions may be made to suit the needs and interests of students and community members.*

Information about the disease AIDS is based on information available as of of November, 1987.

*Information contained in the package has been drawn from Education About AIDS, prepared by the Ontario Ministry of Education in September 1987. Used with permission.

Resources to Support the Curriculum

AIDS Education - 7-9 (videorecording)
1 videorecording (60 min.) sd. col.
SUMMARY: This tape consists of three programs, "The Immune System and AIDS," "AIDS: What Every Kid Should Know" and "Your Biological Guide to AIDS." It is recommended for use in grades 7 to 9 by the Curriculum Development and Implementation Branch, Manitoba Education.
Audience Level: Grades 7-9
Availability: January, 1988.

AIDS EDUCATION LESSON

GRADE 9	**4.0 A Serious Health Problem: AIDS and Human Immunodeficiency Virus Infection**

TOPIC: AIDS and HIV Infection

STUDENT OBJECTIVES: The student should be able to:

1. know the cause, nature, seriousness, methods of transmission, and prevention of AIDS and HIV infection,
2. know how Human Immunodeficiency Virus (HIV) affects the immune system,
3. evaluate the reporting about AIDS in the media,
4. formulate a plan for keeping current about AIDS and HIV infection.

SUGGESTED STUDENT ACTIVITIES:

- Participate in a lecture/discussion about AIDS and HIV virus infection--cause, nature of disease, seriousness, methods of transmission and prevention.
- Discuss high-risk behaviour and responsible behaviour to follow if infection is suspected.
- Participate in an illustrated lecture about how the immune system becomes compromised by Human Immunodeficiency Virus.
- Review current audiovisual and scientific resources about AIDS and prepare an illustrated story about the immune system's response to HIV infection.
- Research an historical account about AIDS, naming key scientists, their discoveries, and dates from 1981 to the present, including projections for a cure.

RESOURCES:

1. Teaching Supports, 9.4.1, "Student Background Notes: AIDS and HIV Infection."
2. Teaching Supports, 9.4.1, "Teacher Background Notes: AIDS in Canada: What You Should Know" (Minister of National Health and Welfare, 1986).
3. Teaching Supports, 9.4.1, "Student Activity: AIDS Facts and Fallacies Quiz" (Education About AIDS, Ontario Ministry of Education, September 1987).
4. Teaching Supports, 9.4.1, "Teacher Background Notes: Some Questions and Answers About AIDS" (Education About AIDS,
5. Teaching Supports, 9.4.2, "Teacher Background Notes: The Immune System."
   Ontario Ministry of Education, September 1987).

6. Teaching Supports, 9.4.2, "Lymphatic System."
7. Teaching Supports, 9.4.2, "Teacher Background Notes: The Lymphatic System."
8. Teaching Supports, 9.4.3, "Analyzing Media Reports."
9. Teaching Supports, 9.4.3, "Follow-up Activity: Sexually Transmitted Diseases."
10. Teaching Supports, "9.5.2, "Follow-Up Activity: Case Studies" (Education About AIDS, Ontario Ministry of Education, September 1987).
11. Video: Nova, "AIDS: Chapter One," 1986.
12. Videotape--Junior High Series.

DESCRIPTION OF LESSON

I. INTRODUCTION

Introduce this lesson by giving an overview of the importance of education about AIDS. Stress that each individual can be knowledgeable about the disease and can make responsible decisions that will keep him/her free from the disease AIDS.

II. SUGGESTED STUDENT ACTIVITIES

A. Using a combination of the grades 7 to 9 videotape and/or lecture/discussion by a health professional, present information about:

- causative organism,
- stages of disease: incubation, carrier, ARC and AIDS with its opportunistic diseases (skin cancer, pneumonia, brain infection),
- methods of transmission,
- preventive measures,
- seriousness: personal, national, global; health care systems and informal health networks; incidence of AIDS in Canada, USA and other countries.

Discuss:

- high risk behaviour,
- responsible behaviour to follow if infection is suspected.

B. It is important to understand the normal functioning of the immune system. Have students review current audiovisual and scientific resources about AIDS and prepare an illustrated report about the immune system's response to HIV infection.

C. Have students research an historical account about AIDS or collect and review newspaper articles and television news reports about AIDS. Discuss the articles in class. Evaluate reporting by the media. Have students organize and develop a file of current articles that are valid.

III. SUMMARY

Reinforce the idea that AIDS is preventable and that abstinence from any behaviour which might put an individual at risk is the best way of preventing it. Emphasize the importance of analyzing critically the newspaper reports and keeping articles for reference.

STUDENT BACKGROUND NOTES: AIDS AND HIV INFECTION

CAUSE

Virus called Human Immunodeficiency Virus (HIV)

TRANSMISSION

Direct contact through:

1) sexual intercourse with an infected partner;
2) use of contaminated blood/blood products;
3) the placenta of a pregnant woman to her infant, before or during birth;
4) use of contaminated needles (intravenous drug abuse).

NATURE OF DISEASE

- The virus multiplies inside and kills specific white cells of the immune system.
- The host may be mildly or very ill and becomes a carrier.
- Once the immune system is weakened, other disease organisms invade the body causing skin cancer, pneumonia, or brain infections; this is classic full-blown AIDS, and it is progressively fatal.

PREVENTION

1) Sexual abstinence (No Risk)
2) Faithful relationships with uninfected partner (No Risk)
3) Use of latex condoms in sexual intercourse outside of mutually faithful relationships to avoid exchange of body fluids (Risk)
4) Testing of exposed people for HIV antibodies before considering conception and avoiding pregnancy if test is positive (No Risk to Fetus)

PERSONAL

Responsibility to protect oneself and others is necessary to prevent person-to-person transmission of HIV infection.

TEACHER BACKGROUND NOTES: AIDS IN CANADA: WHAT YOU SHOULD KNOW

Prepared by the National Advisory Committee on AIDS

Published by authority of
The Minister of National Health and Welfare
1986

Most Canadians have heard of the Acquired Immunodeficiency Syndrome - AIDS. Many people are very fearful and concerned about the spread of this illness. This pamphlet answers commonly asked questions about AIDS, its cause, how it can be spread and how it can be prevented. The information presented is based on the current scientific knowledge about this illness.

Prevention is the key to the control of AIDS.

What is AIDS?

AIDS is a breakdown of the body's immune system--its natural defence against disease. Without this protection, a person is vulnerable to illnesses which a healthy immune system can prevent.

A person with AIDS fights an ongoing battle against many illnesses. Rare forms of pneumonia, skin cancer or brain infection may occur and are often fatal.

What Causes AIDS?

AIDS is caused by a virus--commonly called the Human Immunodeficiency Virus (HIV)--which attacks the body's immune system. Infection with this virus does not always lead to AIDS. Infected persons may have a mild illness or none at all. As yet, it is not known why some people become ill and others do not. The amount of virus, as well as infection by other viruses, may influence the development of AIDS.

Who Gets AIDS?

Most persons with AIDS have been exposed to the virus through sexual intercourse with infected individuals. In Canada, AIDS has occurred primarily among homosexual or bisexual men. Over three-quarters of reported cases of AIDS belong to this group. The infection can also be transmitted sexually from men to women and women to men. Two per cent of Canadian cases have acquired the infection in this way.

AIDS has occurred in a small number of people who have received blood product therapy or blood transfusions that have come from donors who are infected with the virus. This represents three per cent of Canadian cases of AIDS.

AIDS has also occurred in intravenous drug users, who spread the virus by sharing needles and syringes contaminated with blood from someone infected with the virus. Only one Canadian case has been reported. In the United States, however, 17 per cent of AIDS cases are intravenous drug users.

The infection can be transmitted from an infected mother to her baby during pregnancy. In Canada four per cent of AIDS cases are children who most likely were infected in this way. Transmission of the infection in breast-milk has been reported in one infant in Australia.

AIDS has also occurred among recent immigrants from some areas in the Caribbean and Central America where AIDS is widespread. These people have been infected in the same ways as in North America--by sexual activity with an infected person or exposure to contaminated blood.

Is There Any Treatment for AIDS?

At this time, there is no treatment which can repair the breakdown of the body's immune system. Treatments are available for many of the illnesses which develop because of the weakened immune system. However, AIDS is usually fatal. Most patients have died within three years. Researchers around the world are studying drugs which may combat the virus.

HIV infection does not always lead to AIDS. Many persons have a mild illness or no symptoms at all. The questions and answers which follow provide current information on HIV infection.

What Are the Symptoms of HIV Infection?

A person who has HIV infection may feel completely well and have no symptoms. Some people develop some of the following symptoms: swelling of glands in the neck, armpits and groin, a thick white coating on the tongue or throat, unexplained weight loss, persistent diarrhea, a harsh dry cough, tiredness, fever, or night sweats. Remember: these symptoms often occur with other common illnesses unrelated to HIV infection, which are easily treated. Do not assume you have AIDS if you have some of these symptoms--see a doctor! AIDS is diagnosed when HIV infection causes a complete breakdown of the immune system and rare illnesses develop.

Is There a Test for the Virus (HIV)?

At the present time, blood can routinely be tested only for "signs" of the virus. These "signs" are special blood components called "antibodies" which form in response to the virus. The blood test is available only at the request of a physician.

What Does a Positive HIV Antibody Test Mean?

If antibodies to HIV are found in the blood, it means the person has been infected with this virus at some time. This is NOT a test for AIDS. A positive test result does NOT indicate whether or not the person will get AIDS at some time in the future. It does NOT mean the person is immune to the virus. It DOES mean that the person may have the virus in his/her body and could pass it to others.

What Does a Negative HIV Antibody Test Mean?

Usually it means that the person has not been infected with the virus.

Can an Infected Person Pass the Virus to Others?

Yes, if the person has the virus in his/her body, he/she may give it to someone else in one of these ways:

- through sexual intercourse
- by sharing blood-contaminated needles and syringes for injecting drugs or medication
- from mother to baby during pregnancy
- by donating blood, organs or sperm which are then given to others

How Contagious is HIV Infection?

The virus cannot be spread through the air by coughing or sneezing. Physical contact that does not involve exchange of body fluids will not transmit the infection. This includes shaking hands, hugging, and kissing (without exchange of saliva). Insects do not spread the virus. It is not transmitted by swimming in the same pool, using the same toilet, using the same telephone, or sitting next to an infected person. Studies of household members of infected persons have shown that no one has contracted the infection except by sexual activity or transmission from mother to baby during pregnancy.

What Can Be Done to Prevent Contracting HIV Infection?

People infected with the virus may seem completely healthy and may not even know they have it. Everyone should take precautions to protect himself/herself from becoming infected.

Do not have sex with many different people. The more partners you have, the greater the chance of having sex with someone who is infected.

Know your partner. Use condoms if there is any possibility your partner has been exposed to or is infected with HIV. A history of intravenous drug-use or of many sexual partners increases the chance that a person may have been infected.

Do not share needles and syringes with anyone.

What Can Be Done to Prevent the Spread of this Infection?

If a person knows he/she is infected, precautions must be taken to prevent passing the virus on to another person.

Use condoms during sexual intercourse. The proper use of condoms is likely to prevent infection with the virus carried in semen.

Do not have anal intercourse. It can cause sores or cuts in the rectum, and the virus may get into the bloodstream through these breaks. If you do have anal intercourse, use a condom.

Oral sex may spread the infection if semen containing the virus comes in contact with open sores or cuts in the mouth.

Do not allow semen, blood, urine or feces to enter the body of a sexual partner.

Infected women should use a safe method of contraception to avoid pregnancy until more is known about the risks of transmission from mother to the baby.

Never share needles and syringes with anyone.

Do not donate blood, organs or sperm.

Can a Person Become Infected by Donating Blood?

ABSOLUTELY NOT. There is no chance of getting the virus by donating blood to the Blood Transfusion Service of the Canadian Red Cross Society. All equipment used is sterile. Needles are new and used only for one one donor. They are never re-used.

Can a Person Become Infected with the Virus by Receiving a Blood Transfusion?

The risk is very low--much lower than the risk of not having a transfusion if required for medical reasons. The Blood Transfusion Service of the Canadian Red Cross Society is taking all possible precautions to protect the blood supply and prevent the spread of infection through blood transfusion. All donors are given information on AIDS, and people who may be at risk of having the virus are asked not to donate blood. Since November 1985, all blood donations have been tested for signs of the virus (antibodies). If these are found, the blood is not used for transfusion.

Can the Virus be Spread by Equipment Used by Doctors, Dentists or Optometrists?

There is no evidence to indicate that the virus is spread in this way. Sterilization techniques commonly used will kill the virus.

Can the Virus Be Spread by Equipment Used for Electrology, Acupuncture, Tatooing or Ear Piercing?

Not if correct sterilization techniques are used. The virus is destroyed by heat (soaking equipment at 56° C for 10 minutes) and by common household bleach solution (soaking for 10 minutes). Ask if new equipment is used for each client. If instruments are re-used, ask if they are properly sterilized after each client.

If you have any questions, contact the National Advisory Committee on AIDS, c/o Laboratory Centre for Disease Control AIDS Centre, Health and Welfare Canada, Ottawa, K1A 0L2. (Telephone: 613-993-7711)

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STUDENT ACTIVITY: AIDS FACTS AND FALLACIES QUIZ

Teachers should select the test items which are suitable for the age level of the students and the sensitivities of the community. The AIDS facts and fallacies quiz can be completed by students as an introduction to the topic of AIDS. They should then review a videotape or film and take part in a question-and-answer session which will give them information on various aspects of AIDS. They can complete the quiz again after the AIDS lessons to determine how much they have learned.

Aids Quiz

For each statement below, circle the letter (T, F, or U) that reflects your belief about the statement. The purpose of this quiz is to assess how much you already know about AIDS.

Answer Key: T = True; F = False, U = Undecided

T F U 1. Everyone infected with HIV has developed AIDS.

T F U 2. HIV itself usually does not kill the person.

T F U 3. A person having the virus can pass it on even though that person shows no symptoms of AIDS.

T F U 4. The exchange of certain body fluids, such as semen or blood, during sexual activity is a way of transmitting the virus.

T F U 5. Drug abusers who share drug needles and syringes run a very high risk of developing AIDS.

T F U 6. A person can get HIV infection from giving blood.

T F U 7. Only homosexual and bisexual men get AIDS.

T F U 8. Women can pass on the virus to sex partners.

T F U 9. A positive antibody test for HIV always means that the person has got or will get AIDS.

T F U 10. Students who have engaged in high-risk sexual or drug-abusing behaviours can get confidential AIDS testing and counselling.

Source: Education About AIDS, Ontario Ministry of Education, September, 1987. Part C, p. 8. Used with permission.

T F U 11. The virus that causes AIDS can be spread through everyday social contact, such as touching or being near a person with AIDS.

T F U 12. A person who abstains from sexual intercourse, or uninfected partners who remain sexually faithful to each other and who do not abuse needle drugs, have almost no chance of getting HIV infection or AIDS.

T F U 13. The proper use of the right kind of condom is a good way to reduce the chance of getting the virus.

T F U 14. People infected with the virus through needle-drug abuse can pass it on to sex partners even though their partners do not abuse needle drugs.

T F U 15. One can get information about AIDS from a physician or community health organization.

Answers: The correct answers are as follows:

1. F	5. T	9. F	13. T
2. T	6. F	10. T	14. T
3. T	7. F	11. F	15. T
4. T	8. T	12. T	

TEACHER BACKGROUND NOTES: SOME QUESTIONS AND ANSWERS ABOUT AIDS

1. What is AIDS?

AIDS (Acquired Immune Deficiency Syndrome) is the most serious form of an infection that is caused by Human Immunodeficiency Virus (HIV).

2. What causes AIDS?

AIDS is caused by the Human Immunodeficiency Virus (HIV). If HIV gets into a person's blood, it infects and may destroy certain white blood cells called helper T-cells. These white blood cells are very important to the body because they help to fight disease. Once the cells are weakened, the body's immune system cannot work properly.

3. How is the virus that causes AIDS transmitted?

The virus is transmitted primarily through sexual intercourse (anal, vaginal, and possibly oral). The virus that causes AIDS lives in certain body fluids, especially blood, semen, and vaginal fluids. It may enter a person's bloodstream through the rectum, vagina, or penis. Small, almost invisible tears in the surface lining of the vagina or rectum may occur during insertion of the penis. The virus can be contracted most readily through anal intercourse with an infected person.

The risk of infection increases with the number of sexual partners. The more partners a person has, the greater the risk of becoming infected with HIV infection or AIDS.

HIV can also be transmitted through the sharing of contaminated needles during intravenous drug abuse. It can also pass from a pregnant woman to the fetus in her womb. To date there are no documented cases in which kissing has been responsible for the transmission of HIV. Dry or social kissing presents no danger of infection.

4. How contagious is HIV?

HIV is not considered to be highly contagious. The virus is very fragile and cannot be spread through the air; nor can it live outside the body for any length of time. It cannot be spread by casual contact with persons or things; for example, it cannot be transmitted through food, water, eating utensils, drinking fountains, swimming pools, hot tubs, toilets, or such much-handled objects as money, door knobs, or telephones. Since the virus cannot be transmitted through the air, it cannot be spread through coughing or sneezing.

Source: Education About AIDS, Ontario Ministry of Education, September 1987. Part C, pp. 9-12. Used with permission.

HIV has been found in tears, saliva, and breast milk. To date there are no documented cases in which tears or saliva alone have been responsible for the transmission of the virus and only one case involving breast-milk transmission.

5. How does HIV attack the immune system?

When disease-causing organisms enter the body, special white blood cells, called helper T-cells, attack these organisms. The helper T-cells stimulate B cells (white blood cells) to make antibodies, which start to kill the disease organisms. Other special cells move in to destroy the bacteria or viruses, but these are able to work only if they are helped by the T-cells. The T-cells are an essential part of the immune system.

If HIV is able to enter the bloodstream, it attacks the helper T-cells and literally takes them over. The helper T-cells in turn produce additional HIV and are destroyed in the process.

An infected person may show no signs of the disease. The incubation period for AIDS (i.e., the time between infection and the development of symptoms) can be as long as ten years, and during this time the virus may gradually destroy some of the helper T-cells. This results in the deterioration of the immune system.

If a person is carrying the virus, that person can still infect others, even if he/she shows no sign of the disease. A carrier may not know that he/she is a carrier. People infected with HIV will remain infected for the remainder of their lives or until a cure is discovered.

6. What are the signs and symptoms of HIV infection?

No signs or symptoms. Some people remain apparently well after having been infected with HIV. They may have no physically apparent symptoms of illness. However, if proper precautions are not used with sexual contacts or intravenous drug abuse, these infected individuals can spread the virus to others. Anyone who thinks that he/she is infected should not donate his/her blood, organs, tissues, or sperm, because they may now contain the virus that causes AIDS. As well, such an individual should seek appropriate counselling.

AIDS-related complex (ARC). This is a condition caused by HIV in which the infected person has a specific set of clinical symptoms. Signs and symptoms of ARC may include loss of appetite, weight loss, fever, night sweats, skin rashes, diarrhea, fatigue, lack of resistance to infection, and swollen lymph nodes that persist for a long time. These are also signs and symptoms of many other diseases, and a doctor should be consulted for diagnosis.

AIDS. Only a medical doctor can diagnose AIDS, which is the end stage of a progression of infection caused by HIV. AIDS destroys the body's immune system and allows otherwise controllable infections to invade the body and cause additional diseases. These opportunistic infections, which would not otherwise cause illness, may eventually cause death. Although HIV in all infected people is essentially the same, the reactions of individuals may differ.

Symptoms of AIDS and the opportunistic infections may include a persistent dry cough and fever with shortness of breath or difficult breathing. These symptoms are associated with Pneumocystis carinii pneumonia, a parasiste found widely in nature and in the lungs of animals and humans.

Persons with AIDS may also develop Kaposi's sarcoma, a rare form of cancer. Multiple purplish blotches and bumps on the skin may be a sign of this cancer.

HIV may attack the nervous system and cause delayed damage to the brain. Some of the symptoms of this damage, which may take years to develop, are memory loss, apathy, loss of coordination, partial paralysis, and mental disorder.

7. Who is at risk from AIDS and HIV infection?

People who practice certain behaviour are at risk. The following are examples:

- a person who has a sexual relationship with an infected person,
- people with many sexual partners, who are more likely to have intercourse with an infected person,
- people who abuse intravenous drugs and share needles.

8. How can AIDS and HIV be prevented?

Education is the best defence against AIDS and HIV infection. A vaccine is very unlikely for many years. To date there is no treatment capable of destroying HIV and repairing the body's immune system. The following is a list of preventive measures:

- Sexual abstinence is the most effective means of prevention of the spread of AIDS for single people. A monogamous relationship between two people who are not infected with the virus is the most effective means of preventing the spread of the disease for partners who are in a permanent relationship.

- If abstinence or mutual monogamy is not practised, the correct use of a latex condom with spermicidal foam or a water-based lubricant is the only practical way to protect oneself against the disease.

- Obviously, the most effective precaution intravenous drug abusers can take against HIV is to stop using drugs. Those who choose to continue to abuse drugs should refrain from sharing their own or using other people's equipment (needles and syringes).

- Inconsideration of others, a person with HIV infection, ARC, or AIDS has a responsibility to take every possible precaution to avoid transmitting the virus.

9. Is there a Cure for AIDS?

There is neither a cure nor a vaccine for AIDS. Eighty percent of people with HIV infection die within three years of diagnosis of full-blown AIDS. To date no one has recovered from this disease.*

10. How are AIDS and HIV infection treated?

At this point, AIDS and HIV infection cannot be treated. Doctors treat the opportunistic infections.

* The source for this response comes from Manitoba Health.

TEACHER BACKGROUND NOTES: THE IMMUNE SYSTEM

Immunity

Immunity, when applied to health, refers to your body's ability to fight off disease.

First Line of Defence (Mechanical Defence)

The first line of defence includes unbroken skin, mucous membrane, tiny hairs/cilia, earwax, and tears. This line serves primarily as a shield against antigens (e.g., viruses).

Second Line of Defence: The Immune System (Biochemical and Cellular Defences)

The immune system includes phagocytes (eating cells): leucocytes (white blood cells), and macrophages. The body mobilizes the second line of defence if an antigen enters the body. The battle makes the infected areas sore and tender. Pus (destroyed cells and antigens) may accumulate, and move to the lymph nodes.

Third Line of Defence (Acquired Defences) (Another part of the immune system)

The third line of defence is composed of antibodies. The presence of an antigen stimulates the body to acquire (develop) antibodies. These antibodies then seek and destroy the antigen.

Some antibodies remain in the blood after the battle, providing immunity from future attacks by the same antigen. For this reason, a person who has had mumps or measles is unlikely to have that disease again. The body has acquired immunity from these diseases.

Natural Active Acquired Immunity

Natural, active, acquired immunity occurs when a body forms antibodies that will:

a) seek and destroy an antigen;
b) remain in the body, protecting the body from future attack by the same antigen.

Artificial Active Acquired Immunity

Artificial, active, acquired immunity occurs when a body is stimulated by a vaccine to produce antibodies.

Vaccination (also known as immunization, inoculation) is a treatment in which the body receives a modified strain of disease. The body is stimulated by this dose and produces antibodies that will remain in the blood, protecting the body from future attacks by the disease-causing antigen.

Artificial Passive Acquired Immunity

Artificial, passive, acquired immunity occurs when the body receives an injection of antibodies that will protect the body from an attack by a specific antigen. This is a short-term immunity providing protection until the body can actively acquire (develop) its own immunity to the antigen.

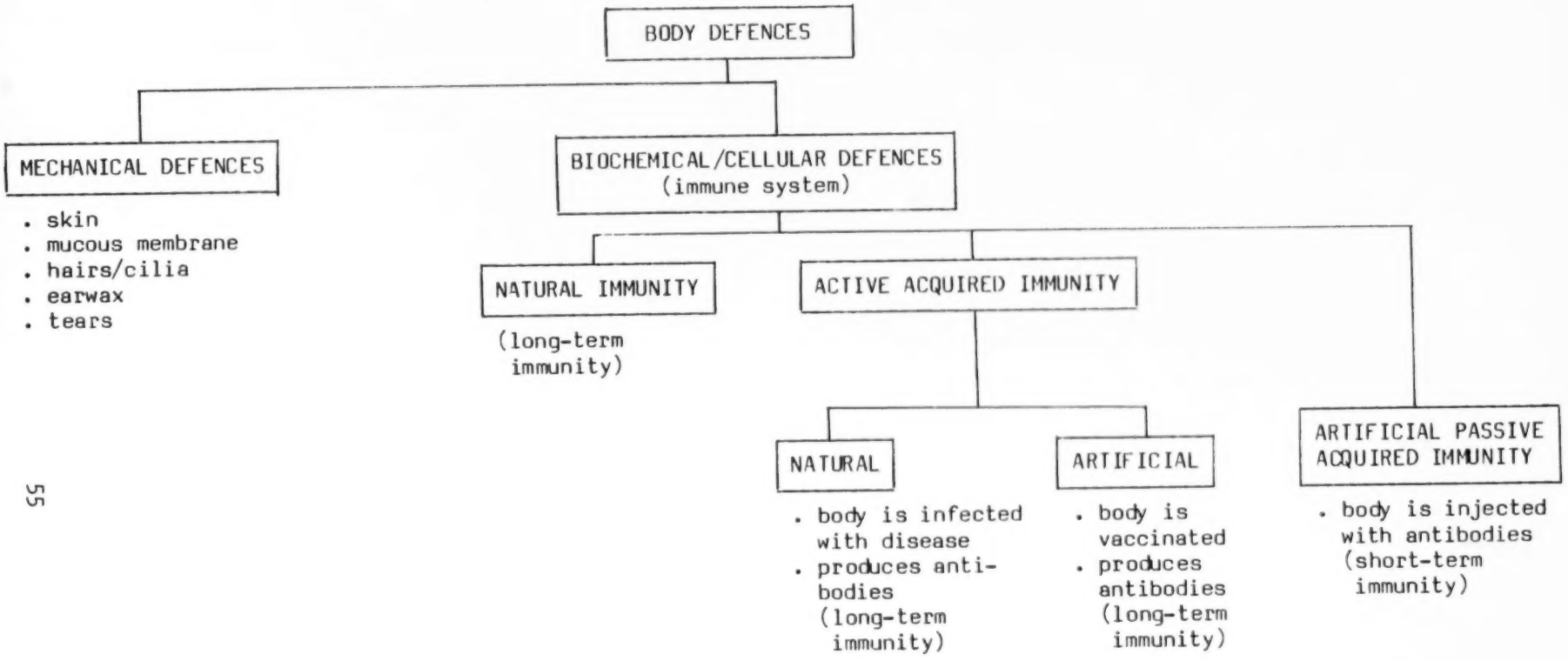
Maintaining Immunity

Almost all children are immunized against rubella, rubeola, mumps, whooping cough, diphtheria, tetanus, and polio. Many people will get immunized against the following before travelling to foreign countries: typhoid, cholera and yellow fever.

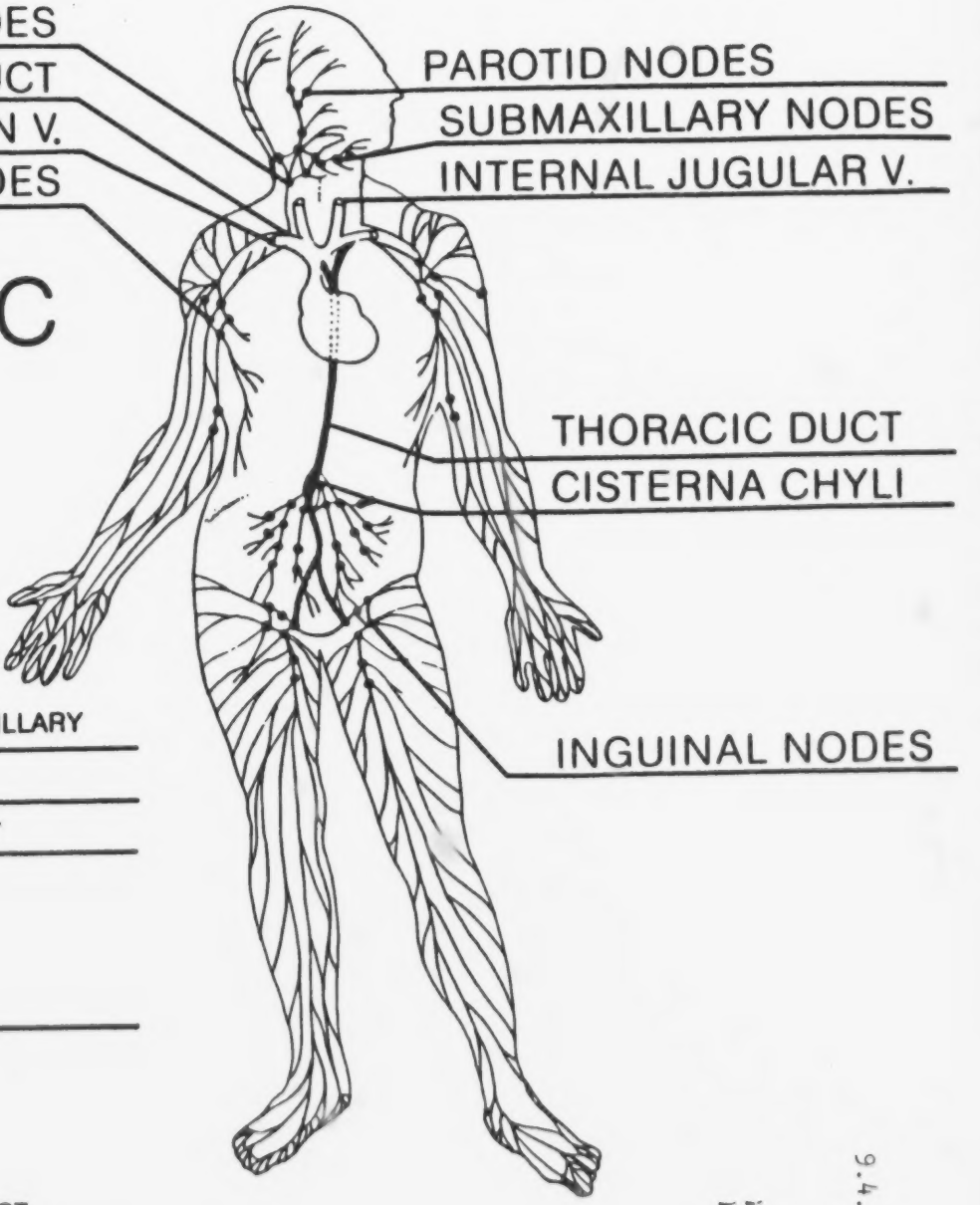
It is important to keep track of the immunizations you have had and when you have had them. It is also important to periodically get booster shots.

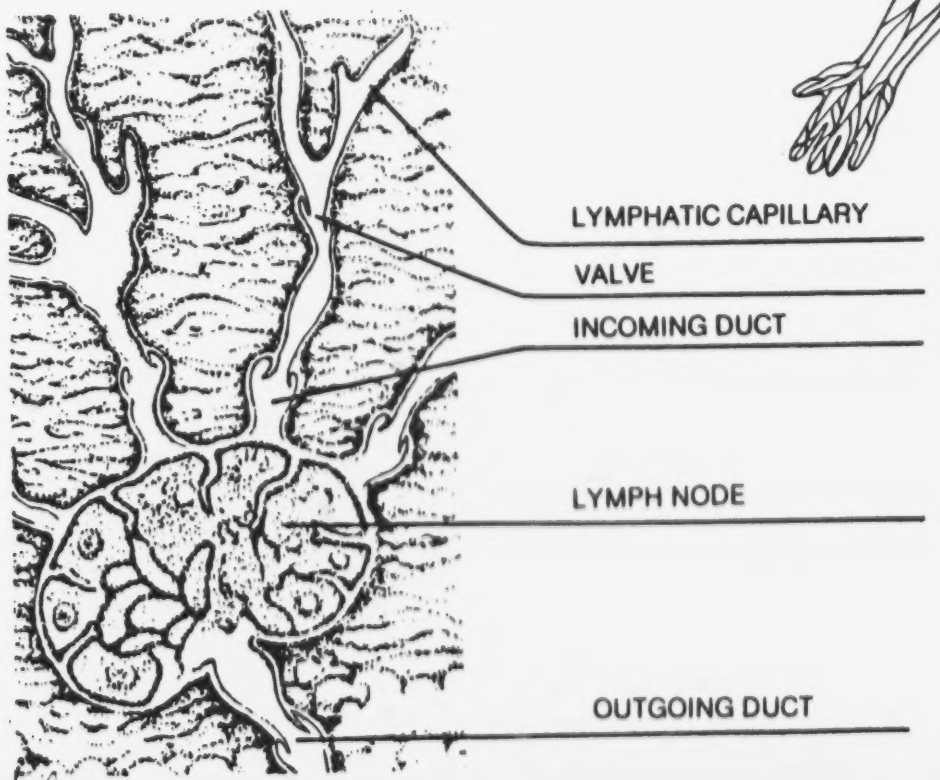
Immune System Problems

Sometimes a body can be immune-deficient. Even minor infections can become life-threatening. Some people are born with immune deficiency. Some people acquire immune deficiencies, e.g., contacting HIV, or using immuno-suppresnt drugs.


BODY DEFENCES
MECHANICAL DEFENCES
. skin
. mucous membrane
. hairs/cilia
. earwax
. tears
BIOCHEMICAL/CELLULAR DEFENCES
(immune system)
NATURAL IMMUNITY
(long-term immunity)
ACTIVE ACQUIRED IMMUNITY
NATURAL
. body is infected with disease
. produces antibodies (long-term immunity)
ARTIFICIAL
. body is vaccinated
. produces antibodies (long-term immunity)
ARTIFICIAL PASSIVE ACQUIRED IMMUNITY
. body is injected with antibodies (short-term immunity)

LYMPHATIC SYSTEM





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9.4.2

TEACHER BACKGROUND NOTES: THE LYMPHATIC SYSTEM

The lymphatic system and the circulatory systems are interrelated. While there is no pumping mechanism in the lymphatic system, lymph is forced through lymphatic vessels to the veins close to the heart by muscular contraction and breathing movements. Approximately 2.5 to 3 litres of lymph are drained into the circulatory system daily.

The functions of the lymphatic system are to:

1. remove fluid from tissue areas of the body;
2. protect the body from foreign invasion;
3. filter into the blood useful body material; i.e., water, plasma proteins and fats;
4. hinder or destroy harmful substances; i.e., cancer cells, soot and particulates, and living organisms.

The main structures of the system are:

1. LYMPH -- fluid from body tissues

2. LYMPHATIC VESSELS

   . Lymphatic capillaries--microscopic, blind tubules that form vast networks between cells. The walls are only one cell layer thick which allows for fluid, large particles and foreign substances (i.e., soot) to pass through the walls and be transported through the system.

   The fluid is milky coloured which is due to the absorption of fat from the digestive system.

   . Lymphatic collecting vessels--vessels that drain the capillary tubules. They are delicate and thin-walled with few ducts that prevent backflow of lymph. They are in close contact with the blood vessels.

3. LYMPH NODES--bean-shaped structures, microscopic in size that are situated throughout the body in close contact with the lymphatic capillaries. They act as the first line of defence. The major cells, lymphocytes, surround and destroy antigens. The small nodes lead up to large lymph nodes in the neck, armpits, groin and the digestive tract. These larger nodes act as the network for the second (cellular) line of defence as special white cells engulf invaders.

4. MAJOR LYMPH DUCTS

   . Thoracic Duct--the structure into which lymph from all parts of the body below the diaphragm and the left half of the body above the diaphragm is routed through trunk-like vessels. It opens into the left subclavian vein and left jugular vein in the lower neck. Valves do not permit blood to flow into the lymph duct.

. Right Lymphatic Duct--the structure into which lymph from the right upper chest, head, arm, neck area drains. It opens into the joined right subclavian and jugular veins.

Resources

1. Volper, P.E., ed. Biology. Glenview, IL: Scott, Foresman, 1980.

2. Burke, S.R. Human Anatomy and Physiology for the Health Sciences. Toronto: John Wiley and Sons, 1980.

ANALYZING MEDIA REPORTS

Using the following questions, evaluate the accuracy of science reporting in the media. Select an article related to AIDS from one of the following sources.

- A daily paper that has provincial distribution such as the Winnipeg Free Press
- Your local newspaper
- A newspaper that has national distribution, such as The Toronto Globe and Mail
- A weekly newsmagazine, such as Maclean's or Time.
- A science magazine for the public, such as Omni or Scientific American
- A magazine traditionally directed toward women, such as Ms., Chatelaine, or Canadian Living
- "Newspapers" available at the supermarket, such as the National Inquirer
- At least one report from TV; i.e., "Nature of Things"
- At least one TV news report; i.e., "The Journal," or "The Salki Report"

Once you have chosen your article, try to infer something about the accuracy and completeness of the report. See questions below that are designed to help you.

Try to obtain a medical or nursing journal from a local doctor or nurse; i.e., Journal of American Medical Association, Journal of Canadian Medical Association, Canadian Nurse, and compare information from this source to the media report.

Discuss your analysis with the class.

Questions: Analyzing Media Reports About AIDS

1. What is the source?
2. Who is intended reader/listener?
3. Who is the author of the article?
4. Is the author an expert in the subject?
5. What scientist(s)does the author list as experts?
6. What do you infer about the points of view the writer represents (are all sides represented or is it one-sided)?
7. Has the article been written in harmony with latest advances about the subject?
8. Are there errors in the text, or are various arguments presented?

FOLLOW-UP ACTIVITY: SEXUALLY TRANSMITTED DISEASES

1. Epidemics have had a great impact on the lives of people throughout the world over time. AIDS is not the only epidemic that the world has encountered.

   a) Students can select an epidemic from the past, such as cholera, and examine its impact, including the following information:

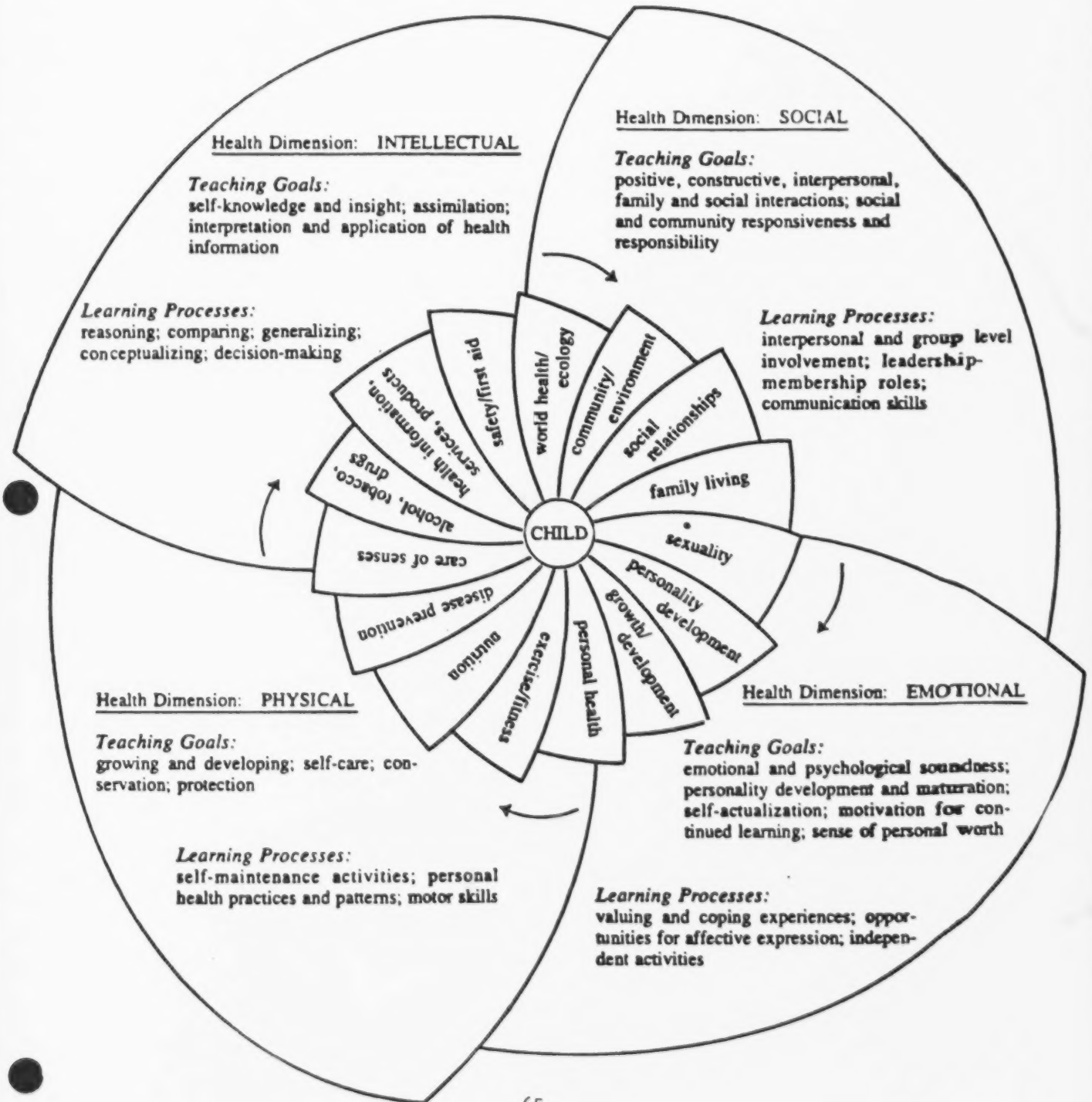
      . definition of epidemic,
      . conditions of the country or place where the epidemic occurred,
      . response of the people to the epidemic,
      . role of the government body responsible for public health,
      . comparison of the epidemic with AIDS.

   b) Students can interview their parents or grandparents and record their memories of past epidemics.

   c) Students can draw together some general conclusions concerning the long-term effects of epidemics and, in particular, the impact of AIDS from a global perspective.

2. Students can investigate the goals of public health officials regarding AIDS at the present time, basing their investigation on current information from a variety of sources. These sources might include interviews with public health personnel, such as the school nurse, and radio, television, newspaper, and magazine coverage of AIDS.

MAJOR DIMENSIONS OF HEALTH



TEACHER BACKGROUND NOTES: LIFESTYLE

Lifestyle is a unique pattern of one's daily activities of life. Many categories represent an individual's total lifestyle.

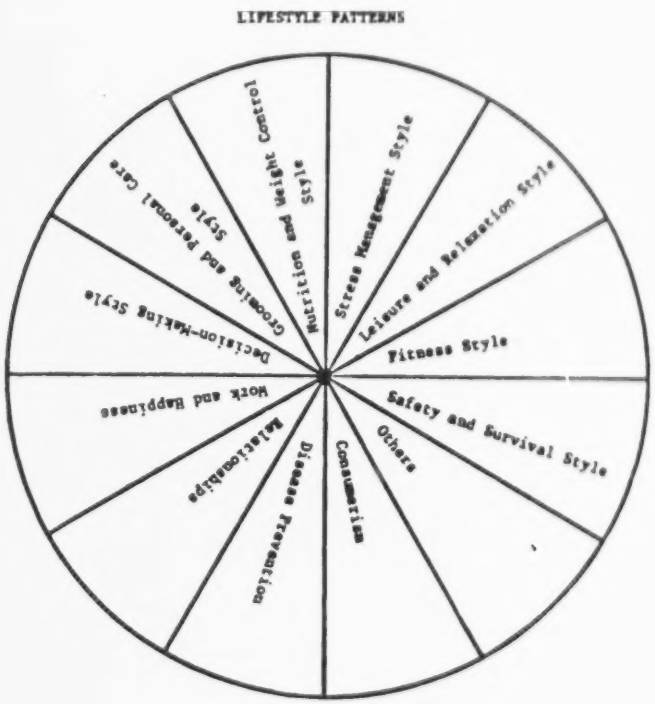
A lifestyle approach to health education is one that depends on individuals taking responsibility for healthful living and identifying, selecting, practicing and evaluating healthful behaviour that are conducive to total health (intellectual, physical, emotional and social). Refer to the K-9 Health Education Overview, pp. 4-5.

Lifestyle Patterns

Health education is concerned with bridging the gap between health knowledge, attitudes and health practices.

If one were to record and categorize one's activities for a period of time, the categories would represent components of one's total lifestyle.

Each style of pattern includes skills, patterned responses and habits, knowledge and attitudes that characterize a particular style of living. Some lifestyles contain health practices that may be constructive and promote quality health. Others may include risk factors that are not conducive to health. The curriculum is directed toward promoting positive lifestyle education that, in turn, promotes quality health.



TEACHER BACKGROUND NOTES: WELL-BEING

There are many definitions of well-being or health. One way to try to grasp the meaning of such an abstract concept is to examine its major dimensions. Well-being can be identified as an individual's quality of life in major areas such as the physical, social, emotional, intellectual, spiritual and cultural. They are part of a whole, are interdependent, and contribute to a qualitative lifestyle. Each expresses a distinct dimension of well-being.

1. Physical (maintenance of body processes)

   Examples:
   - efficient functioning of body systems and organs
   - ability to resist diseases
   - self care

2. Emotional (feelings, thoughts, identity)

   Examples:
   - coping successfully with stress
   - being flexible in social situations
   - feeling worthwhile
   - being content and happy

3. Social (relationships to others)

   Examples:
   - dealing with others with sensitivity, honesty, respect, loyalty
   - having moral standards of conduct
   - communicating appropriately with others
   - having close friends, making new friends
   - behaving in socially acceptable ways
   - feeling responsible for self and others

4. Spiritual (aspirations, ideals, beliefs)

   Examples:
   - having a purpose in life
   - having values, morals, beliefs
   - being able to set goals
   - having courage and creativity
   - appreciating aesthetics

5. Cultural (community identity)

   Examples:
   - taking responsible action in the community
   - attending cultural affairs
   - being a public servant

6. Intellectual (thoughts and ability to think)

Examples:
- acquiring knowledge, positive attitudes and health skills
- formulating health goals
- interpreting health information
- applying health information

The environment (physical, social and cultural) and lifestyle (health behaviour) are two of the most influential factors in determining the quality of one's well-being or health. Health is the sense of balance we attain resulting from interaction within our environment.

Because health is largely determined by our cultural environment, we as teachers can assist children by making the school a cultural environment that reinforces well-being.

FOLLOW-UP ACTIVITY: CASE STUDIES

There are value issues concerning AIDS. To have only the facts about AIDS is not enough. Students must begin to sort out feelings and beliefs in order to behave responsibly themselves and to others. See Community Health Grade 8 Teaching Supports, 8.5.2, entitled "Teacher Background Notes: Lifestyle Strategies," dealing with values awareness, decision making and assertiveness.

Decision making is an important skill related to AIDS because young people are often faced with choices that are difficult to make and that may have long-ranging consequences. Teens are at a stage where they are examining their own values and, at the same time, trying to deal with pressure from friends.

The classroom setting provides a safe place to examine situations and dilemmas before they arise. Emphasis can be given in a controlled setting to the range of choices available in a given situation and the importance of values in making the decision.

Case studies are intended to enhance decision making and communication skills about AIDS. No matter whether the case is analyzed on paper or in a large or small group, the process of learning is the same. Teaching students how to apply generalizations, how to empathize, and how to predict are important parts of analysis. Students need to be able to identify with the feelings of all people in the case.

Some of the following case studies are taken from real-life situations and have been edited and changed for educational reasons. The facts provided are substantiated by research and clinical practice as of May 1987.

The case studies provide the opportunity to deal with various issues related to AIDS. Selection of cases by the teacher for inclusion in the lessons should be based on the needs and interests of the students in the class.

There are various ways to present the case studies; for example, copies of the study could be handled out, the teacher could read the study to the class, students could act out the situation, a student could read the study, or individuals could relate real-life problems.

For each of the case studies, suggested questions and answers have been included. These may be helpful as a guide in the analysis and discussion of the case.

Source: Education About AIDS, Ontario Ministry of Education, September 1987. Part C, p. 22. Used with permission.

CASE STUDY NO. 1

Although the number of small children who have contracted HIV infection or AIDS is not large, the fact that they have contracted the disease has important implications in understanding how the epidemic is spread.

Diagnosing HIV infection in infants is difficult because they tend not to develop the opportunistic infections and cancers that are common in adult patients until late in the course of their illness. However, early diagnosis is essential for infants because of their extreme vulnerability. If it is suspected that a parent or parents may have been infected with the virus and the child has frequent infections, the child may have developed HIV infection or AIDS. Confirmation, however, depends on a blood test.

The Canadian Council of Children and Youth strongly recommends that the community provide supportive treatment and hospice care in a way that does not ostracize or isolate the child with AIDS.

Infants and AIDS

Beny is two years old. He has definite signs of failure to thrive. There is something wrong with his neuromuscular control--he has trouble smiling and can hardly hold a bottle.

Beny's father is bisexual; his mother is a heavy intravenous drug user who is trying to hold down a job and stay alive. She is becoming quite ill and has lost a great deal of weight.

Beny was sick from birth. Since birth, he has failed to gain weight and has suffered from a series of infections, including severe bacterial diarrhea, thrush, and pneumonia. The present major concern is an opportunistic infection responsible for changes in his co-ordination and behaviour. Medical results show that he has the same abnormalities as an adult person with AIDS.

Beny's mother had AIDS when she became pregnant. The virus passed from her blood to the blood of the developing baby. Viruses are so small that they can pass through the placenta.

Suggested Questions and Answers

1. How did Beny's mother develop AIDS?

   Beny's mother may have contracted HIV virus infection through sexual intercourse with her husband, who may be an AIDS carrier, or through the use of a contaminated needle to take drugs.

Source: Education About AIDS, Ontario Ministry of Education, September 1987. Part C, pp. 29-31. Used with permission.

2. How did Beny get HIV infection?

The transmission of AIDS to babies occurs prenatally. The virus can travel across the placenta and enter the baby's bloodstream. Beny, therefore, got the virus from his mother, before he was born.

Although some scientists think that HIV can be transmitted through breast milk and one case has been reported in the medical literature, this theory has not yet been proven.

At birth, an infant's body immediately begins producing antibodies. However, for many months the immune system is relatively weak, and the baby may have difficulty fighting serious infection.

3. Is it possible to prevent a fetus from getting AIDS if the mother is infected?

No. At present, any woman who thinks that she has AIDS or is at risk of infection from AIDS is advised to consult her doctor before planning a pregnancy.

4. What other behaviour do pregnant women sometimes practice that endanger the tiny developing fetus?

Use of tobacco, alcohol, and other drugs is detrimental to the developing fetus. Poor nutrition and inadequate sleep and exercise also have harmful effects.

5. Why is it important for doctors to have a medical history of the parents before the birth of a baby?

If the baby is identified as being at risk of infection from AIDS, treatment can begin at an early stage after birth and efforts can be made to protect the child. For example, doctors have notices that babies with AIDS who are given regular transfusions of globulin (a blood component that contains antibodies) and very supportive care show an improvement in their immune systems. The nutritional needs of the babies are closely monitored, and any infections are treated immediately. However, the restoring of the baby's immune system would not cure the disease unless the virus could be eliminated, which is impossible at present.

6. How long does a baby usually live after contracting HIV before birth?

Since their immune system is not well developed, young children usually live less than two years. But, as diagnosis and treatment improve, many are living longer than anyone thought possible when AIDS was first identified.

7. What are some social and medical issues that will need to be addressed concerning children with AIDS?

CASE STUDY NO. 2

A Love Story

Jane and Mark are students in junior and senior high school; they have been together for about eight months. Jane is in grade 9 and Mark is grade 11.

Jane and Mark have a very special relationship. They spend a lot of time together and really trust each other. They confide many of their secret fears and hopes with each other; they talk about their parents; they talk about what is happening at school. They get support from each other and, in many ways, they have become best friends. Their friendship is very important to both of them.

Jane's parents remind her constantly of the importance of being a "good girl" and have told her many times that they would not know what to do if she got into trouble. But, more importantly, Jane feels that even though she loves Mark she is not ready for an intimate relationship.

Lately, Mark has been talking with some of his friends about sex, and he is learning that many of his friends have already had sex with their girlfriends. Mark wonders if he is behind for his age and if he is less of a man. He begins to pressure Jane who is still clear about her feelings.

As a result, there seems to be an increasing amount of tension in their relationship. They have begun to fight about little things, and they don't seem to talk about the really important things anymore.

About a month later, Mark starts to see other girls. Jane feels depressed and lonely; she really misses Mark. She wishes that there was a way to talk to her mother, but she knows that her mother would get upset and wouldn't understand the problem. Jane feels lost and doesn't know what to do.

Jane and Mark continue to spend some time together. One Saturday night, they go to a movie and after the show come back to Jane's house to talk. Jane's parents have gone to a party and won't be back until much later. Jane and Mark are left alone in the house.

Suggested Questions:

1. What do you think the conclusion of the incident described in the story was? Why?

2. What were the pressures facing Mark and Jane? Were they realistic? Do those kinds of pressures exist here?

3. What are the traditional sex roles in this story? Does it have to be that way? How could it be different?

Source: Education About AIDS, Ontario Ministry of Education, September 1987. Part D, pp. 23-24. Used with permission.

4. What are the reasons that people sometimes have difficulty talking to their girlfriend/boyfriend about sex?

5. What do you think can be done to make talking about sex easier?

6. What are some of the ways by which people can show caring and affection?

7. Can not having sex be a way of showing love? How?

8. What is the difference between love and infatuation?

9. Did the story seem realistic to you? Why or why not?

10. What did you learn from the discussion?

11. Rewrite the story assuming that Mark is a carrier of HIV infection.

12. Would Jane know that Mark was HIV positive by his appearance?

13. If Mark knows that he is HIV positive, should he tell Jane?

14. Can one assume that a partner in a relationship is HIV negative?

15. What advice do you have for others who might be facing the above scenario?

CASE STUDY NO. 3

Intravenous Drug Use

Hank is a good student. He also likes to have "fun" and spends a great deal of time just hanging around with his friends. Hank has an older brother whom people say uses drugs. Hank decides to ask his brother about this, and his brother admits that he "shoots up" on occasion. Hank thinks this is dangerous, but his brother assures him it is not.

"After all," he says, "I'm not addicted. I'm not sick. I've been doing this for years. You just wash the needle out with water after you use it."

Hank eventually decided to try "shooting up" with his brother and friends. He and his friends often shared the same needles and drug paraphernalia. He liked the "high" but decided to stop because he did not like the drug scene.

Hank's blood tests show that he is HIV antibody positive. He does not want to go to school, and eventually he becomes too sick to join his friends. For their part, his friends no longer go to visit him because they are afraid of contracting AIDS.

1. How did Hank become HIV antibody positive?

   Hank possibly got HIV infection from using a needle immediately after another person who carried HIV. Some blood from the injection was likely on the needle, and Hank inserted the contaminated needle into his vein.

2. Why is intravenous drug use such a serious AIDS-related problem in some countries?

   AIDS can be spread into the general population because of the need of drug abusers to have money for their habit. In order to get this money, these addicts, both male and female, may turn to prostitution. These prostitutes can then transmit HIV to their customers, who can spread it to partners. If these partners are female, they can in turn transmit it to their unborn babies.

   Intravenous drug abusers do not, however, account for a large number of AIDS cases in Canada. People studying the AIDS problem think that this is because clean needles and syringes are more readily available here than in other countries. As of 1987, only three intravenous drug users have been reported to have AIDS--less than 0.3 percent of the total number of AIDS cases--in Canada.

Source: Education About AIDS, Ontario Ministry of Education, September 1987. Part C, pp. 32-33. Used with permission.

3. Why do Hank's friends not want to visit him now that he is HIV antibody positive?

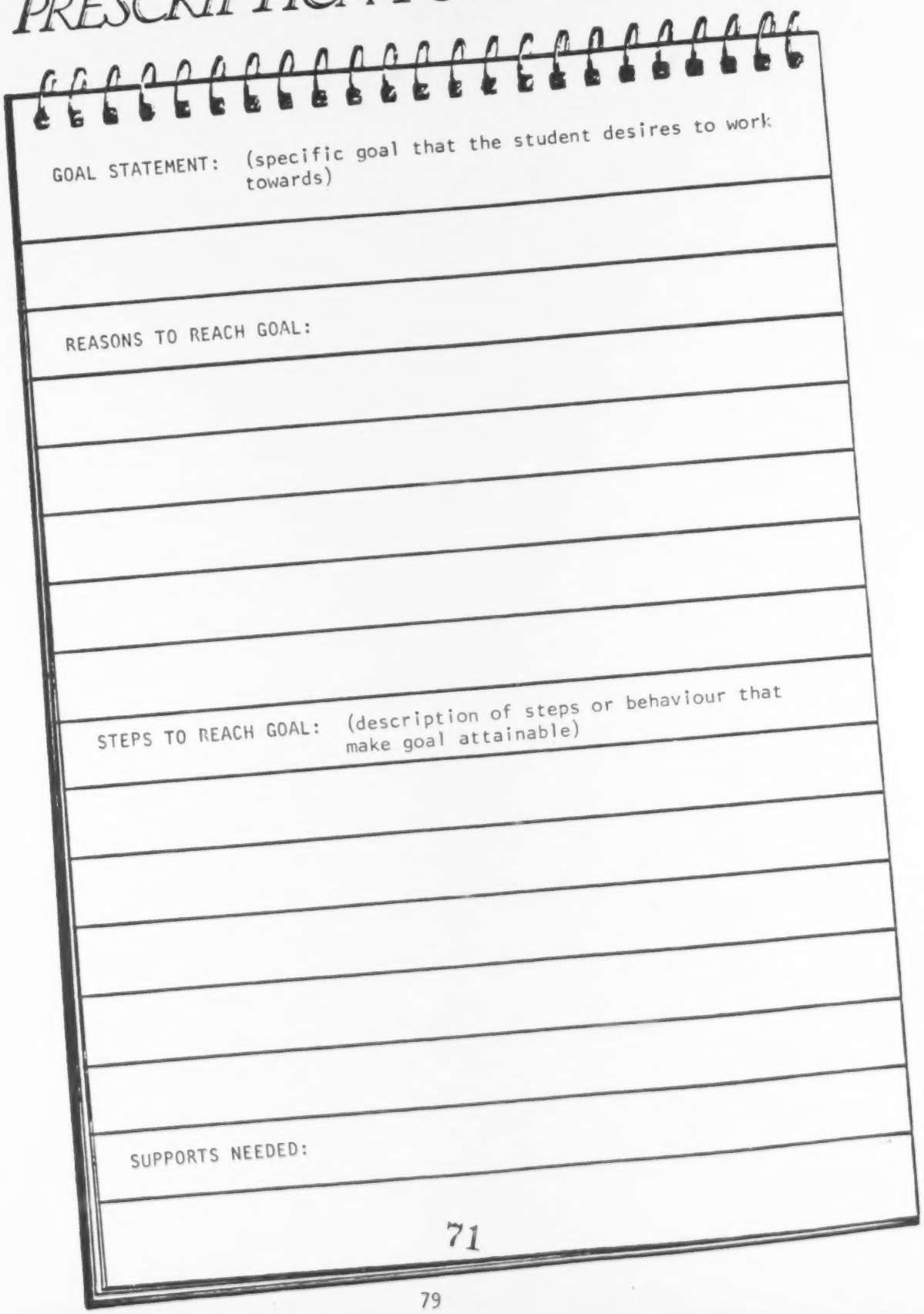
   His friends are not informed about AIDS or they would not be afraid to visit Hank. To date, medical evidence indicates that AIDS cannot be caught by casual contact. AIDS is not contagious in the way that the flu or a cold is, and it is not transmitted through the air by sneezing, coughing, or eating or drinking from common utensils. A person cannot catch the virus from toilet seats, swimming pools, hot tubs, water fountains, laundry rooms, locker rooms, or casual contact (shaking hands or hugging). There has not been one documented case of the virus being spread through everyday contact.

   Fear of the unknown and isolation seem to be the biggest factors affecting people with AIDS. Hank needs his friends to be supportive and understanding.

4. How can parents, teachers, and others help young people to say no to drugs? How can young people help themselves to say no to drugs?

   Brainstorm and compile a list of ways that parents and teachers can help young people to say "no" to drugs.

PRESCRIPTION FOR LIFESTYLE



GOAL STATEMENT: (specific goal that the student desires to work towards)

REASONS TO REACH GOAL:

STEPS TO REACH GOAL: (description of steps or behaviour that make goal attainable)

SUPPORTS NEEDED:

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PRESCRIPTION FOR LIFESTYLE

PROGRESS NOTES: (how to evaluate the plan)

SUMMARY:

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